

Illinois Environmental Protection Agency
Division of Land Pollution Control

RCRA INSPECTION REPORT

PA #: IL <u>D 0 0 6 2 7 1 6 9 6</u>		IEPA #: <u>1 1 9 0 2 0 0 0 0 2</u>	
Facility Name: <u>OLIN CORP - MAIN PLANT Facility</u>		Phone #: <u>618-258-3033</u>	
Street Address: <u>Shamrock St.</u>		County: <u>Madison</u>	
City: <u>East Alton</u>		State: <u>IL</u>	Zip: <u>62024</u>
Region: <u>6</u>	Inspection Date: <u>6/14/90</u>	From: <u>12:55pm</u> To: <u>4:45pm</u>	
Weather: <u>90°F, humid, partly sunny</u>			

TYPE OF FACILITY

Notified As: <u>G/T/TSD</u>	Regulated As: <u>G/T/TS</u>
LDF? <u>YES</u> HPV? <u>NO</u> <small>(Yes or No)</small>	90-Day F/U Required?: YES <u> </u> NO <u>X</u>

TYPE OF INSPECTION

CEI: <u> </u>	Sampling: <u> </u>	Citizen Complaint: <u> </u>	Closed: <u> </u>	Other: <u> </u>
CME/O&M: <u>O+m</u> Record Review: <u> </u> Follow-Up to Inspection of: <u> </u> Withdrawal: <u> </u>				

NON-REGULATED STATUS

SQG: <u> </u>	Claimed Nonhandler: <u> </u>	Other (Specify in Narrative): <u> </u>
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PART A

Notification Date: <u>8/18/80</u> , from <u>(Initial)</u> or (subsequent) Notification.	
Initial Part A Date: <u>11/18/80</u>	Amended: <u>7/29/87</u>
Part A Withdrawal requested: <u> </u>	Approved by (US) (IL) EPA: <u> </u>

PART B PERMIT APPLICATION

Part B Permit Submitted: <u>(Y)</u> or N <u>4/16/89</u>	Final Permit Issued: <u> </u>
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ENFORCEMENT

Has the firm been referred to --	USEPA: <u>(Y)</u> or N <u>8/12/87?</u>
Illinois Attorney General: Y or <u>(N)</u> <u> </u>	County State's Attorney: Y or <u>(N)</u> <u> </u>

ORDERS ISSUED

CACO: <u>3/30/88</u>	CAFO: <u> </u>	Consent Decree: <u> </u>
Federal Court Order: <u> </u>	State Court Order: <u> </u>	IPCB Order: <u> </u>

TSD FACILITY ACTIVITY SUMMARY

Activity by Process Code	On Part A?	Activity Conducted Prior to 1980?	Was Activity Ever Done?	Closed	Being done at Time of Insp.?	Exempt per 35 IAC, Sec.	On Annual Report		
							1987	1988	1989
S04	Yes	N/A*	Yes	Pursuing closure	NO	N/A	Yes	Yes	Yes
(Facility has other activities but this was the only one inspected during the O+m)									
RECEIVED									
- 9 AUG 1990									
IEPA/DLPC									

OWNER**OPERATOR**

Name <u>Olin Corp</u>	Name <u>Olin Corp</u>
Address <u>Shamrock Street</u>	Address <u>Shamrock Street</u>
City <u>East Alton</u>	City <u>East Alton</u>
State <u>IL</u> Zip <u>62024</u>	State <u>IL</u> Zip <u>62024</u>
Phone # <u>618-258-3033</u>	Phone # <u>618-258-3033</u>

PERSON(S) INTERVIEWED**TITLE****PHONE #**

<u>Wayne Gaker</u>	<u>Env. Engineer</u>	<u>618-258-3026</u>
<u>Shibler Ahmed</u>	<u>EAI Env. Specialist</u>	<u>314-921-4488</u>
<u>Tom Ziegler</u>	<u>EAI</u>	<u>314-921-4488</u>

INSPECTION PARTICIPANT(S)**AGENCY/TITLE****PHONE #**

<u>Karen S. Nelson</u>	<u>DLPC/FOS-Spfld Reg GW Coord.</u>	<u>217-786-6892</u>

PREPARED BY**AGENCY/TITLE****PHONE #**

<u>Karen S. Nelson</u>	<u>DLPC/FOS-Spfld Reg GW Coord.</u>	<u>217-786-6892</u>
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SUMMARY OF APPARENT VIOLATIONS

Area	Class	Section
GWM	1	725.192(a)
OTH	2	725.115(b)
OTH	2	725.115(d)
OTH	2	725.173(b)(5)
OTH	2	725.115(c)

Area	Class	Section

Area	Class	Section



DATE: June 16, 1990

TO: DLPC Division File
KSN

FROM: Karen S. Nelson, DLPC/FOS - Springfield

SUBJECT: LPC No. 1190200002 - Madison County
East Alton/Olin Corp.
ILD No. 006271696
Subpart F

An Operation and Maintenance Inspection was conducted on June 14, 1990, for Olin's groundwater monitoring system that has been installed around the Zone 6 Wastewater treatment facility (WWTF) emergency holding lagoon. Mr. Wayne Galler of Olin, and Mr. Shiblee Ahmed and Mr. Tom Ziegler, both of Environmental Analysis, Inc. (EAI) were interviewed during the inspection.

General Background

Olin is currently implementing a Part 725 Groundwater Quality Assessment Program. Chloroform and 1,1,1 Trichloroethane (TCA) had been detected in the groundwater in the vicinity of the emergency holding lagoon. Apparently these contaminants have not been above detection limits in groundwater samples since June, 1989. The outstanding Section 725.193(d)(4) apparent violation originally cited in a June 16, 1987, Compliance Inquiry Letter, was considered resolved based on Olin's January 31, 1990, submittal (see Agency's February 28, 1990, letter). Pursuant to 725.193(d)(7)(A), Olin must continue to make determinations required under Section 725.193(d)(4) on a quarterly basis until final closure of the facility.

Olin is seeking Agency approval concerning a delayed closure plan for this RCRA hazardous waste unit (Zone 6 lagoon). A RCRA Part B Permit has been issued to Olin for other hazardous waste units at the facility and the delayed closure plan is being addressed as a RCRA Part B permit modification. Until the time that the Part B Permit is modified to include the Zone 6 Lagoon, this unit remains under interim status.

A revised Groundwater Quality Assessment Plan was requested from DLPC/Compliance, in the February 28, 1990, letter, which has not been submitted yet by Olin. The comments in this inspection report must be addressed/incorporated into this Assessment Plan. Olin's revised Assessment plan will resemble a Part 724 Detection Monitoring Program with exceptions and comments outlined in the February 28, 1990, letter from the Compliance Section to Olin.

Samples were split with Olin for monitor wells 103 (31.77' deep) and 110 (28.72' deep). The IEPA Chemical Analysis Forms, Chain of Custody form and the Receipt for Samples form were all utilized and copies are attached to this report.

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A sample was collected from Olin's NPDES discharge point (S101) because the discharge appeared light green, foamy, and had an odor to it (Photos 17 and 18). The sample was collected about 8 feet beyond the actual discharge point in the stream. Mr. Galler thought the discharge always had a slight green tint to it but stated that he would look into it. The Collinsville DWPC/FOS office (Mr. Nick Mahlandt) was alerted that this sample was collected and that a copy of the results would be sent to them.

The samples will be analyzed for the following parameters:

<u>Springfield Lab</u>	<u>G103</u>	<u>G110</u>	<u>S101</u>
Volatile organics	X	X	X
Acid/base-neutral extractables	X		
<u>Champaign Lab</u>			
Dissolved metals	X	X	
Total metals			X
Dissolved TOC	X		
Dissolved Sulfide	X		
Dissolved Cyanide	X		
Total Cyanide	X		X
Total phenol	X		
pH	X		
Specific Conductivity	X		

G110 did not yield enough water to split samples for analyses of all parameters. Therefore only VOCs and metals were collected.

Monitor well samples for dissolved parameters were field filtered by EAI personnel using EAI's stainless steel .45 micron filtering device (with vacuum pump).

A sample bottle for metals was provided by EAI for the S101 sample. The sample was acidified with approximately 2.5 ML of 50% HNO₃.

<u>Well No.</u>	<u>Sample No.</u>	<u>Spfld. Lab No.</u>	<u>Champ. Lab No.</u>	<u>pH</u>	<u>S.C.</u>	<u>Temp.</u>
103	G103	81785	B008828	6.90	953	15.7
110	G110	81784	B008830	-	1053	15.6
Trip blanks	-	81786	-	-	-	-
Discharge pt.	S101	81783	B008829	-	-	-

The samples were each sealed with evidence tape upon collection. The Springfield Lab samples were delivered on June 14, 1990, (same day as collection). The Champaign Lab samples were delivered on June 15, 1990, at noon. The samples were put on blue ice and kept cool until they arrived at the labs.

The elevation of groundwater surface and the total well depth (both below land surface) are incorrectly reported on the IEPA Chemical Analysis forms for G103 and G110 samples. Ground elevations obtained from Olin's boring/construction logs were utilized to calculate the groundwater surface elevations and total depths but were incorrect. Apparently the wells had been resurveyed and the correct ground surface elevations and stick ups for the wells were obtained from Table 2 of Olin's February 22, 1990, revised Assessment Report.

Water level data that was obtained during the inspection and corresponding groundwater surface elevations are as follows:

<u>MW</u>	<u>Inner Casing Elevation</u>	<u>Water Level*</u>	<u>Groundwater Elevation</u>	<u>Total Depth(s)</u>
103	442.40	30.72	411.68	31.77
106	438.75	22.36	416.39	29.79
110	442.46	30.90	411.56	28.72
113	436.10	35.68	400.42	42.10
114	435.32	34.84	400.48	42.48

*Measured from top of inner casing

These elevations were plotted on a site map and a potentiometric surface map was produced which indicates the potentiometric surface decreases to the south based on water levels of these wells (map attached).

The IEPA Operation and Maintenance inspection contains three basic sections for review:

- Sampling and Analysis Plan (SAP)
- Facility Operating Record
- Field Sampling Techniques

The following includes comments and apparent deficiencies pertaining to these three sections and are numbered to correspond to the O&M Checklist, the regulation from 35 I.A.C. is also listed under the comment which served as the basis of the apparent violations and deficiencies.

Part One - Sampling and Analysis Plan, 725.192

Comment 7

Olin's Sampling and Analysis Plan (SAP) currently appears to include the following documents:

- Groundwater SAP dated August, 1984 and revised January, 1985 and February, 1987.
- Contingent Corrective Measures Plan for Zone 6 WWTF Emergency Holding Lagoon, dated February, 1990.
- February 28, 1990, letter from DLPC/Compliance to Olin.

The following deficiencies were noted pertaining to Olin's Sampling and Analysis Plan (SAP):

- 725.192(a) - the SAP must elaborate on when static water levels should be measured and why. To ensure the most accurate data as far as static water level measurements that are relative to each other, all groundwater levels should be measured in the same day. EAI does not measure all the wells in a one day period. Depending on how many days it takes to collect all the measurements and if there is significant rainfall during this time, the water levels could fluctuate. Since Olin states that the East Fork of the Wood River actually recharges the groundwater beneath the facility into a mostly sand unit, it appears that a rise in the river level could result in a rise of groundwater levels especially at wells closest to the river. The plan must address this and provide for measuring all water levels during the same day.
- A field QA/QC plan must be developed and the SAP must provide for the collection of equipment blanks (i.e. bailer, field filtering device) since non-dedicated equipment is used. Field blanks and trip blanks are also recommended.
- The SAP must provide for decontamination of sampling equipment. The SAP states the bailer will be thoroughly rinsed with deionized water. Rinsing the bailer with only deionized water may or may not effectively decontaminate the bailer. The SAP must include procedures for disassembly and proper cleaning of bailers. There are various products available for decontamination procedures such as non-phosphate detergents, soaps, sanitizers, which may be used in conjunction with tap water rinses and deionized/distilled water rinses. A program must be developed (not necessarily using all of the above) and followed for decontamination procedures for bailers and the field filtering equipment.

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To measure the effectiveness of field decontamination procedures, equipment blanks must be prepared and analyzed for the parameters of interest.

Nylon rope should be discarded after each use.

- The SAP must provide for the collection of samples according to volatilization potential. It was observed during the inspection that volatile organics were properly collected from the first bailer. Section 3.E of the Plan explains that TOX samples must be collected so that volatilization does not occur. The SAP must expand on the actual sequence that samples are collected (volatile organics being the first sample collected from the first bailer after purging).
- The SAP must elaborate on the inventory of sampling/purging equipment. While the SAP does list some equipment throughout the SAP, an inventory must be included in the SAP that lists all sampling/purging equipment and information on model number, serial number and manufacturer's name.
- The SAP must include detailed operating procedures for the field filtering device.
- Calibration procedures for equipment must be included and outlined in the SAP. Any maintenance and repairs conducted on any equipment shall be documented and kept in the operating record.
- The SAP must include maintenance schedules for purging/sampling equipment and monitor wells. It is understood that some items are low maintenance. However, decontamination procedures would be included under maintenance.
- The SAP must include decision criteria used to replace or repair purging/sampling equipment and monitor wells.
- The SAP must include VWR Scientific's bottle cleaning procedures or certification that the bottles are properly cleaned per USEPA guidelines.
- The SAP must explain what is to be done with groundwater purged from the monitor wells. No contaminatd groundwater (or suspected as contaminatd) shall be disposed of on the ground. Since the monitor wells are positioned within the area of a wastewater treatment facility, there appears to be no reason to dump any groundwater on the ground. The SAP must describe what is to be done with purged groundwater before, during and after closure of the regulated unit.
- The SAP must include information on container type, preservatives and analytical methods to be used for the inorganic and organic parameters listed in the February 28, 1990, Agency letter to Olin from DLPC/Compliance.

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Part Two - Operating Records

Comment 1

Several of the items in this portion of the checklist have already been mentioned under Part One - Sampling and Analysis Plan and should be included in the SAP which is part of the facility's operating record.

In addition to the previously mentioned items, the operating record must include:

725.115(b) - Schedules for performing operation and maintenance activities related to all sampling/purging equipment and monitor wells.

725.115(d) &
725.173(b)(5) - Records of all monitoring information including inspections, and calibration and maintenance records for all sampling equipment and monitor wells. Any repairs shall be recorded and kept in the operating record.

I gave Mr. Galler a copy of the IEPA monitor well inspection checklist as an example of how to conduct inspections on the monitor wells.

Inspections should be conducted with a justifiable frequency. The inspections must be documented and if problems are discovered, they must be remedied. It is inevitable that the monitor wells are observed on a quarterly basis since they are sampled on a quarterly basis.

Records of inspections must be included in the operating record. Documentation of calibration of equipment and any maintenance must be kept in the operating record.

Field Inspection of Monitor Wells

Comment 2

Each of Olin's monitor wells was inspected and a photo was taken of each well, and the IEPA monitor well checklist was completed for each well.

725.115(c) - Some surface seals are not visible for some wells. It is unknown if these wells ever had surface seals or if soil and vegetation has just covered them up. This included monitor wells 101 (had remnants of a seal) and 102.

Some cracks were observed in some of the visible surface seals. This included monitor wells 104, 105, 109 and 111. The cracks should be repaired before they worsen. Monitor well 106 needed a lock and MW 108 was missing a cap.

Field Sampling Techniques

It appeared that EAI was following the Sampling and Analysis Plan that has been prepared for Olin.

As previously stated, all static water level measurements are not collected within a 24 hour period. EAI collects them whenever they are ready to purge and sample each well.

The field decontamination procedures have already been commented on under the SAP portion of this inspection checklist narrative.

Dark plastic sheeting was being used to place around the well in the working area and sampling equipment is placed on it (Photo 4). Dark plastic is sometimes comprised by recycling of various plastics and some dark plastic is not "food grade" plastic and therefore may have residues of organics in it. Examples of "food grade" plastic would be plastic used for food storage bags. It is unknown whether or not dark plastic contains organic residues. The plastic sheeting used by EAI might be fine for this purpose. However, the manufacturer of the product should be contacted to determine the composition of the plastic sheeting and whether it is "food grade" or not.

Most of the above deficiencies were discussed briefly with Mr. Galler after the field inspection. On June 20, 1990, Mr. Chris Segafredo of EAI phoned the author to discuss and get clarification on some of the issues.

Attachments:

1. Table 1. Groundwater elevations
2. Table 2. Monitor well elevation data
3. Olin Site Map (Figure 2)
4. Olin Site Map (Figure 6)
5. Olin Site Map modified with 6/14/90 groundwater elevations and potentiometric surface.
6. IEPA photos 1 through 18

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ILD No. 006271696
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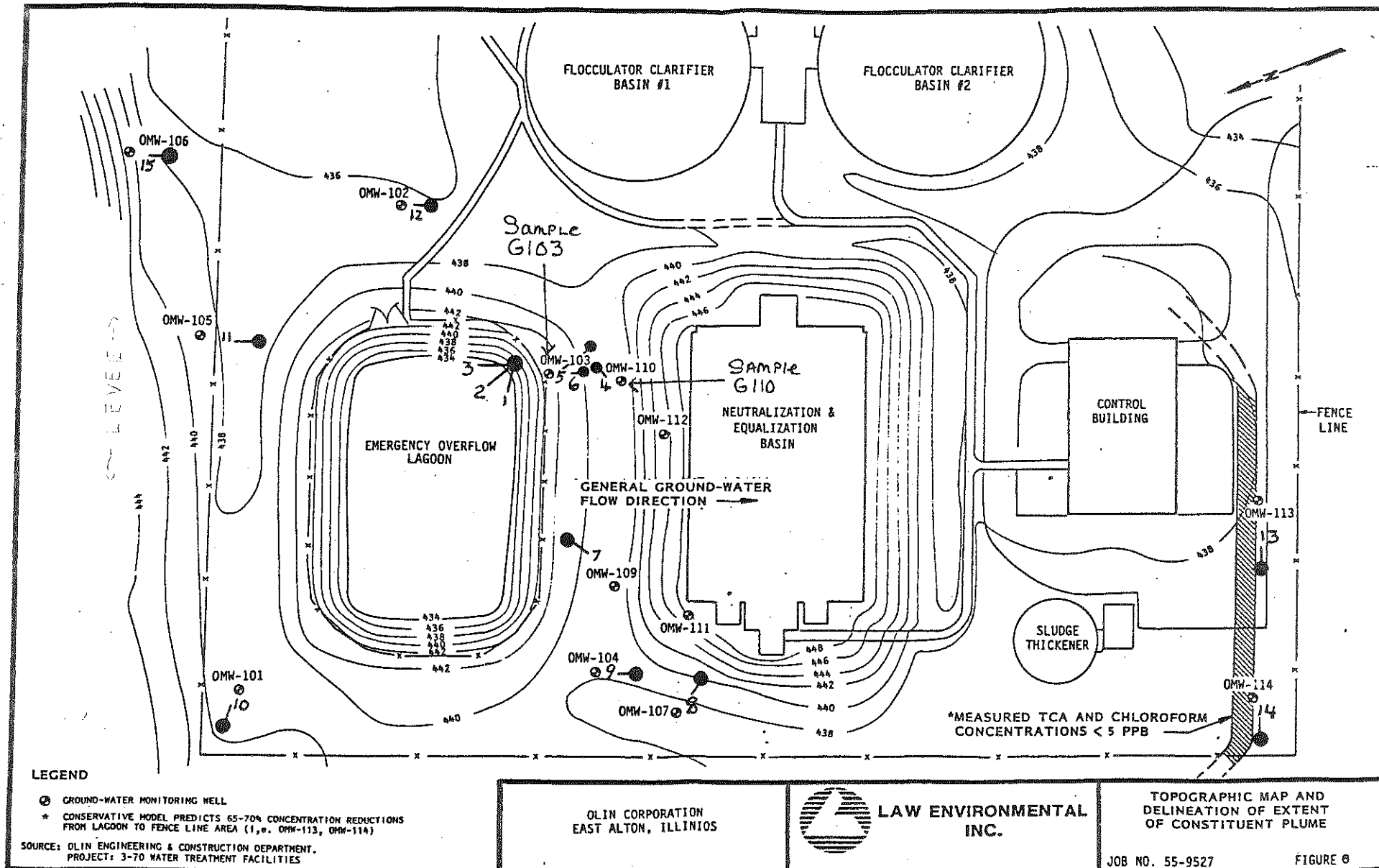
Page 8

7. Copies of IEPA's:

Chemical analysis forms
Chain of custody forms
Sample receipt form

KSN/jg/0188L

cc: DWPC/FOS - Springfield
DLPC/FOS - Springfield
DLPC/Compliance - Geordie Smith
DLPC/FOS - Collinsville
DLPC/Permits - Eric Minder

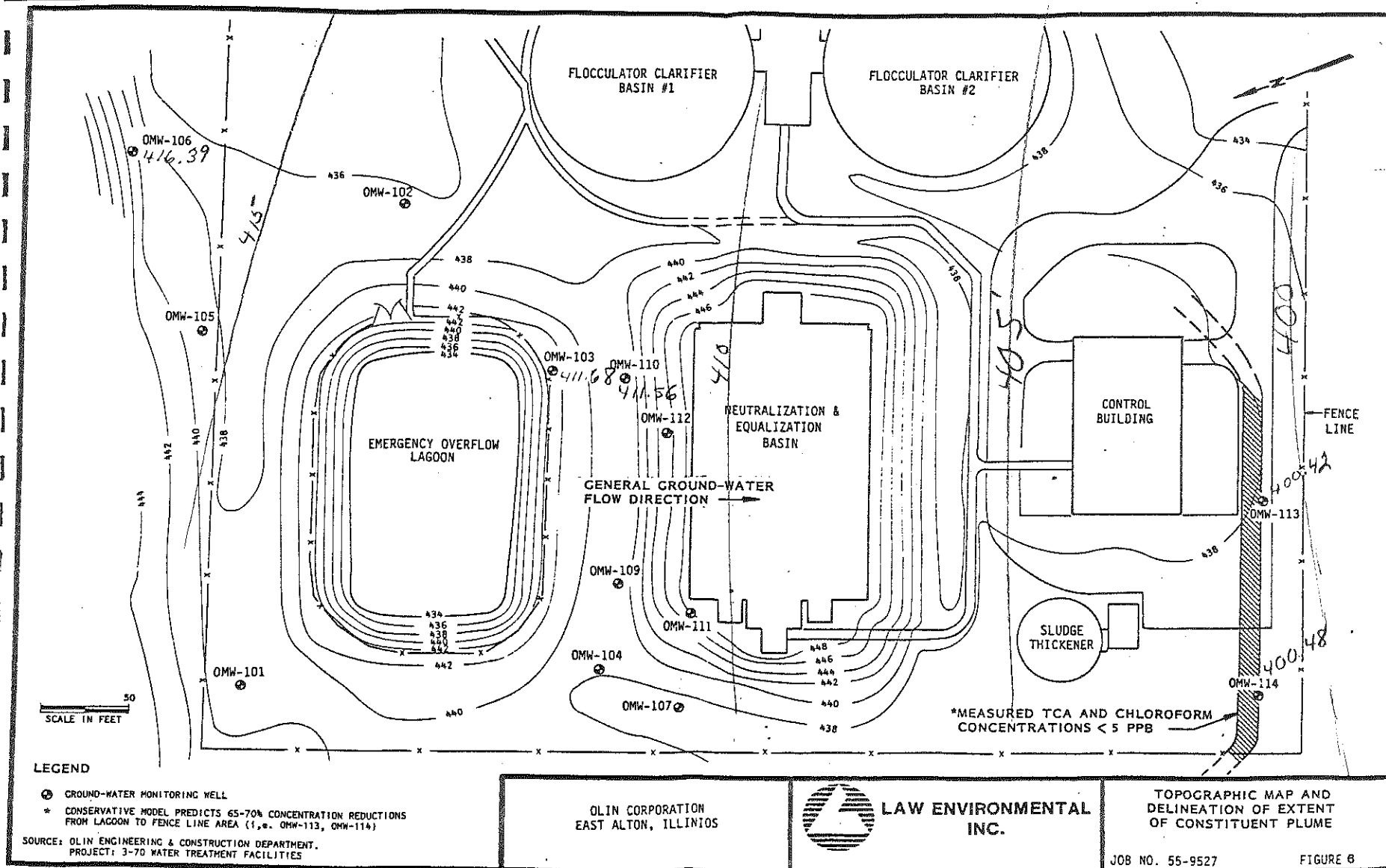


Approximate location direction +
number of photo

NO SCALE

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FIGURE 8



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- 9 AUG 1990

IEPA/DLFC

IEPA-DLPC Photographs L

(1)

Date: June 14, 1990
Time: 2:01 pm
Photograph By:
Karen S. Nelson
Location:
LPC# 1190200002
Madison County
East Alton / Olin

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- 9 AUG 1990
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Photograph taken
towards the NW

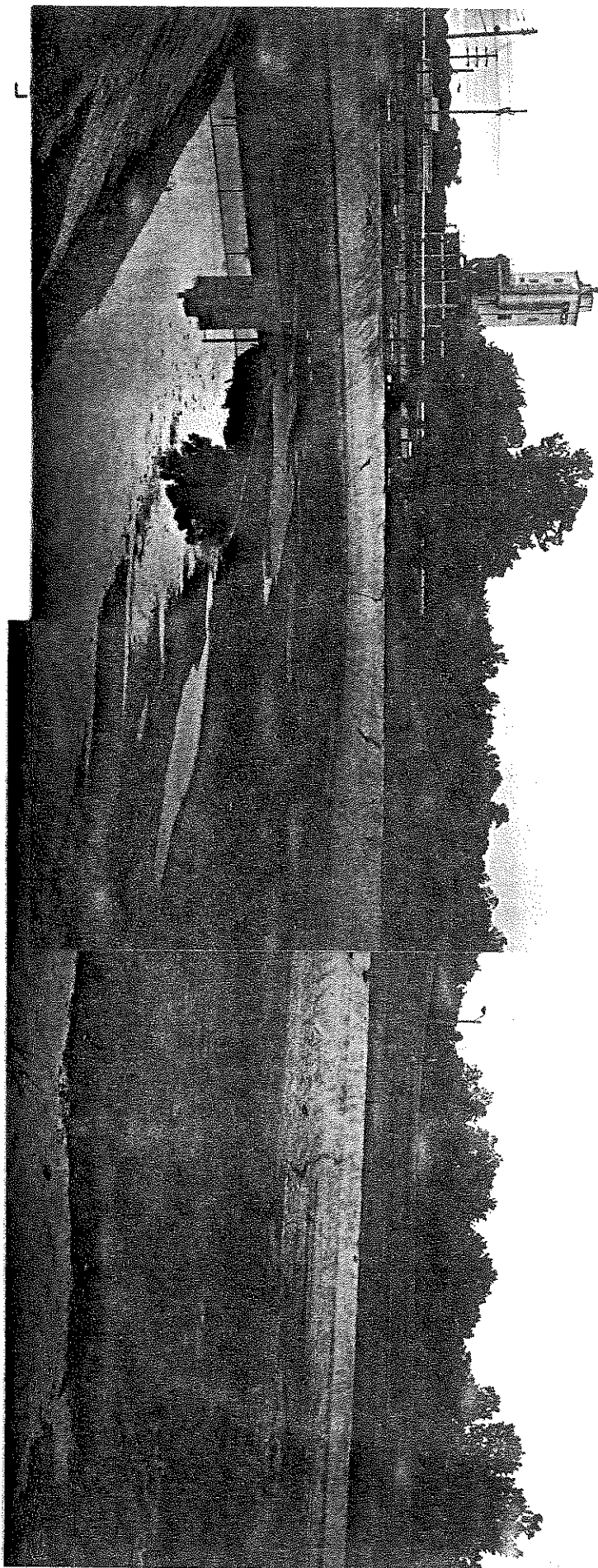
1 Roll 108

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Time: 2:01 pm
Photograph By:
Karen S. Nelson
Location:
LPC# 1190200001
Madison County
East Alton / Olin

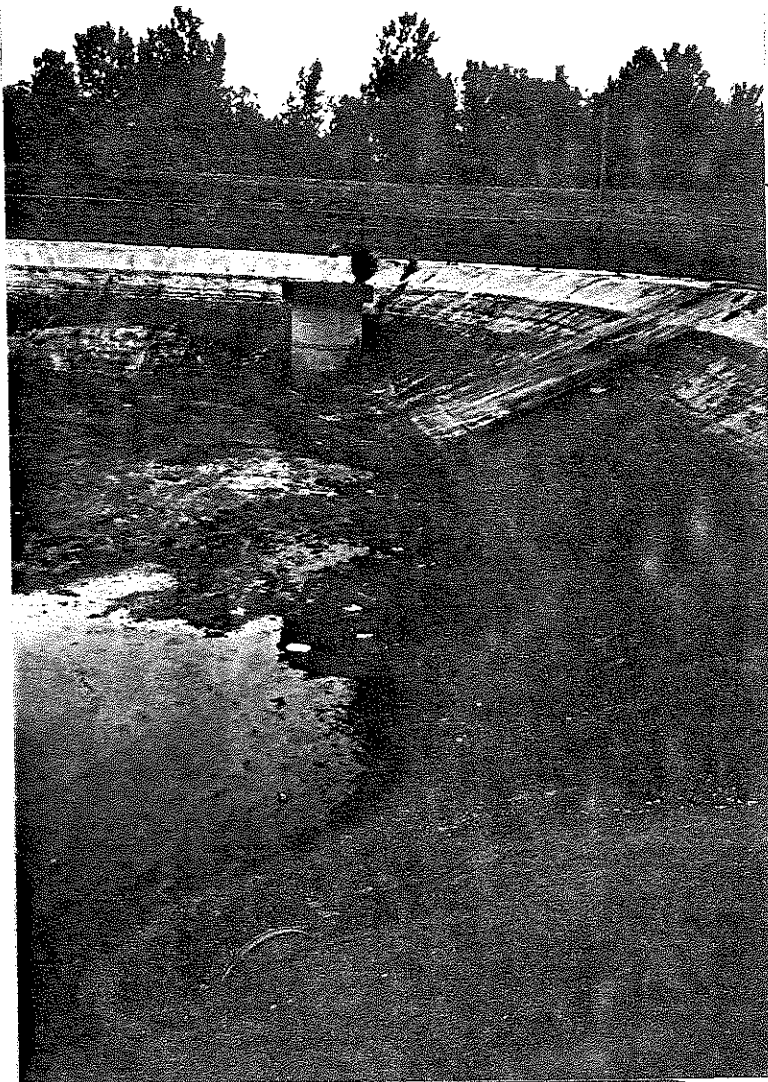
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towards the N

2 Roll 108

(2)



IEPA-DLPC



Date: June 14, 1990

Time: 2:01 PM

Photograph By:

Karen S. Nelson

Location:

LPC# 1190200002

Madison County

East Alton / Olin

Photograph taken
towards the N/NE

3 Roll 108

3

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- 8 JUN 1990

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Date: June 14, 1990

Time: 2:24 PM

Photograph By:

Karen S. Nelson

Location:

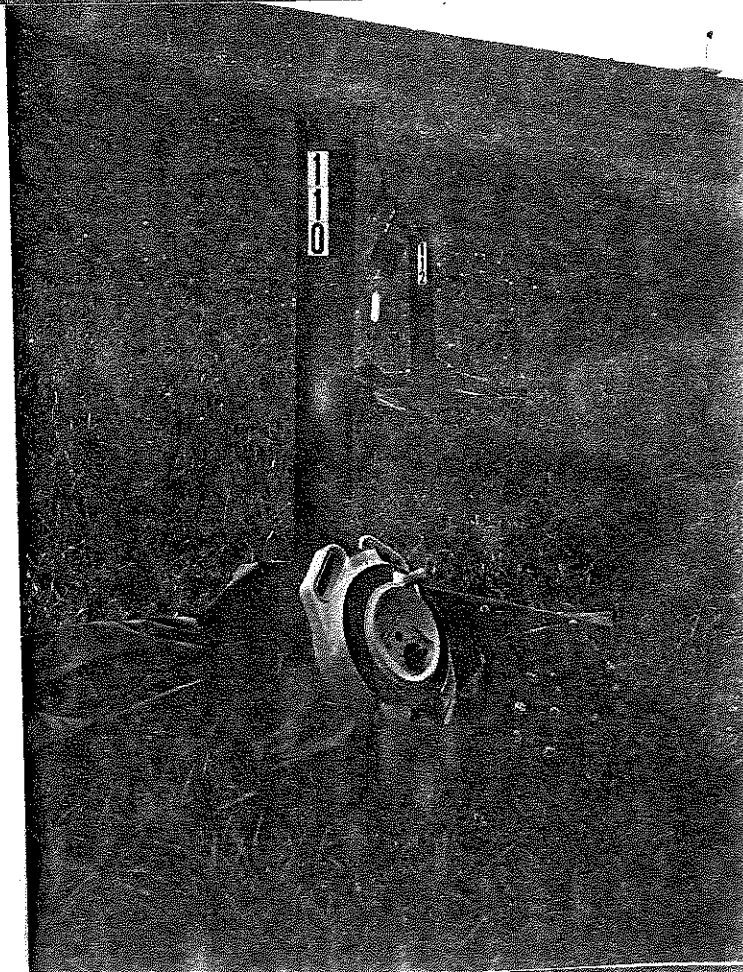
LPC# 1190200002

Madison County

East Alton / Olin

Photograph taken
towards the W/SW

4 Roll 108



4

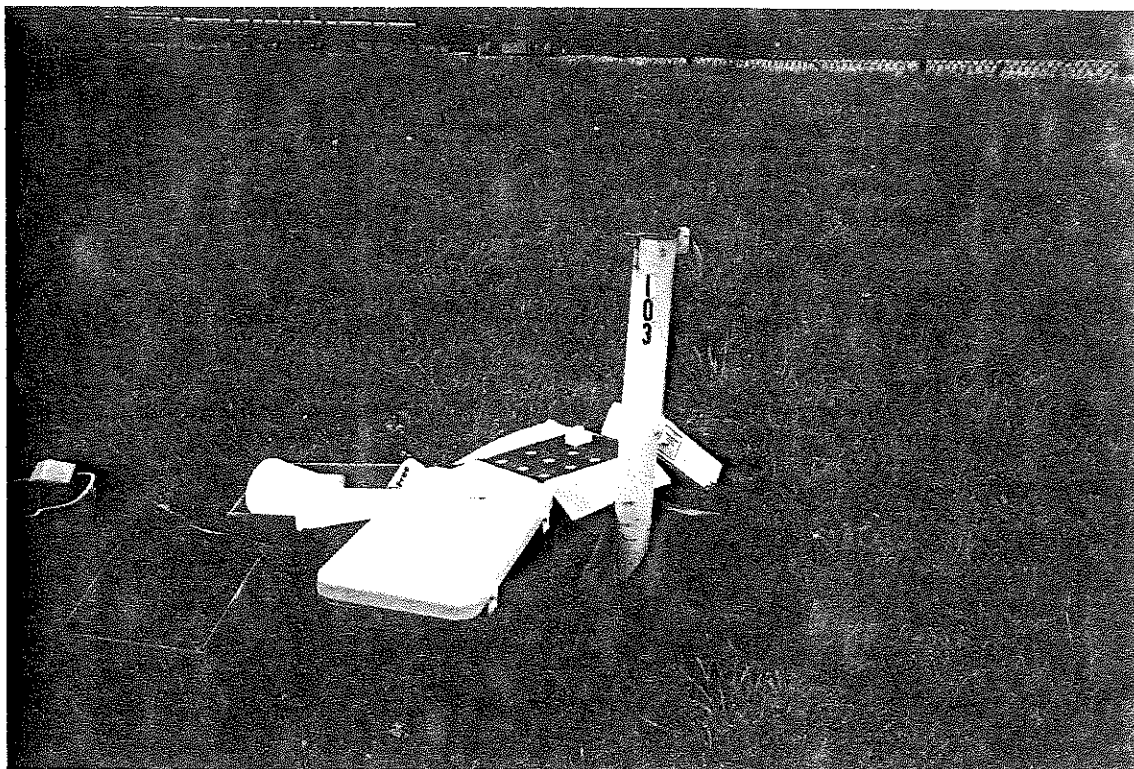
IEPA-DLPC Photographs LPC# 1190200002 = Madison

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Time: 2:25 pm
Photograph By: Karen S. Nelson
Location: LPC# 1190200002
Madison County
East Alton / Olin

Photograph taken
towards the N

5 Roll 108

(5)



Date: June 14, 1990
Time: 2:30 pm
Photograph By: Karen S. Nelson
Location: LPC# 1190200001
Madison County
East Alton / Olin

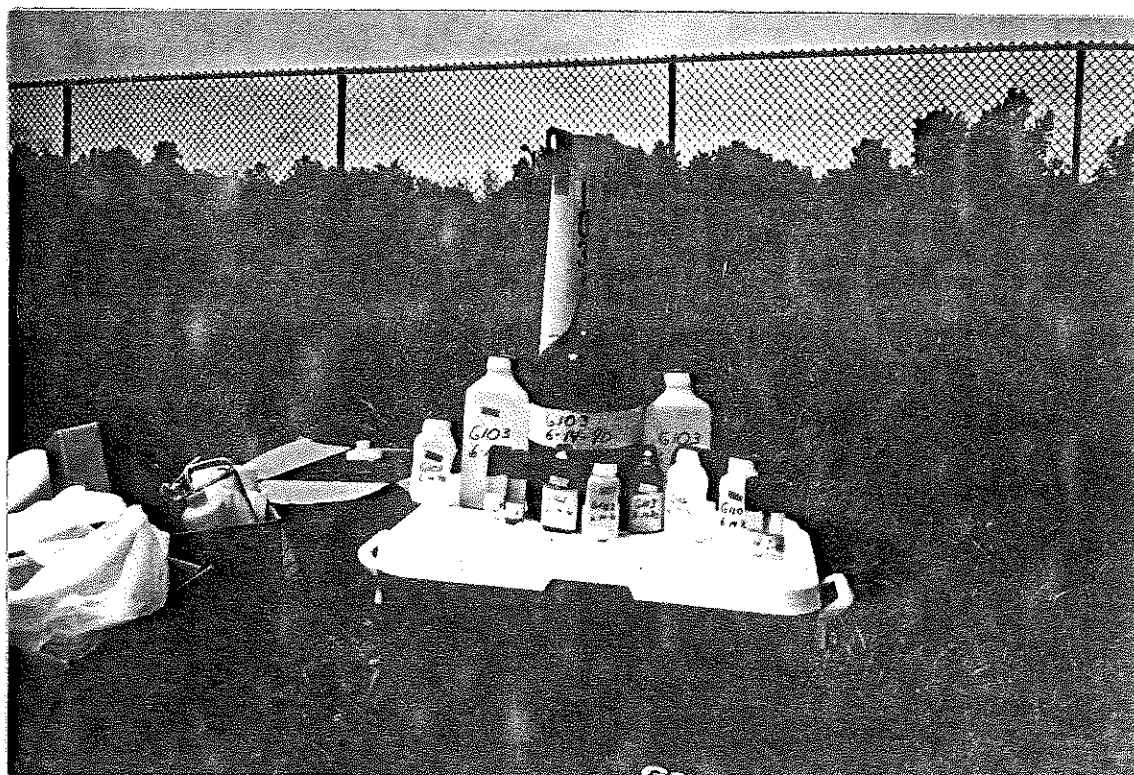
Photograph taken
towards the N

6 Roll 108

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1 AUG 1990

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(6)

IEPA-DL

109

7

Date: June 14, 1990

Time: 3:00 pm

Photograph By:

Karen S. Nelson

Location:

LPC# 1190200002

Madison County

East Alton / Olin

Photograph taken
towards the SW

7 Roll 108

Date: June 14, 1990

Time: 3:01 pm

Photograph By:

Karen S. Nelson

Location:

LPC# 1190200002

Madison County

East Alton / Olin

Photograph taken
towards the NW

8 Roll 108

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8

IEPA-DLPC

Date: June 14, 1990
Time: 3:01 pm
Photograph By:
Karen S. Nelson
Location:
LPC# 1190200002
Madison County
East Alton / Olin

Photograph taken
towards the NE

9 Roll 108

(9)



Date: June 14, 1990
Time: 3:05 pm
Photograph By:
Karen S. Nelson
Location:
LPC# 1190200002
Madison County
East Alton / Olin

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towards the SE

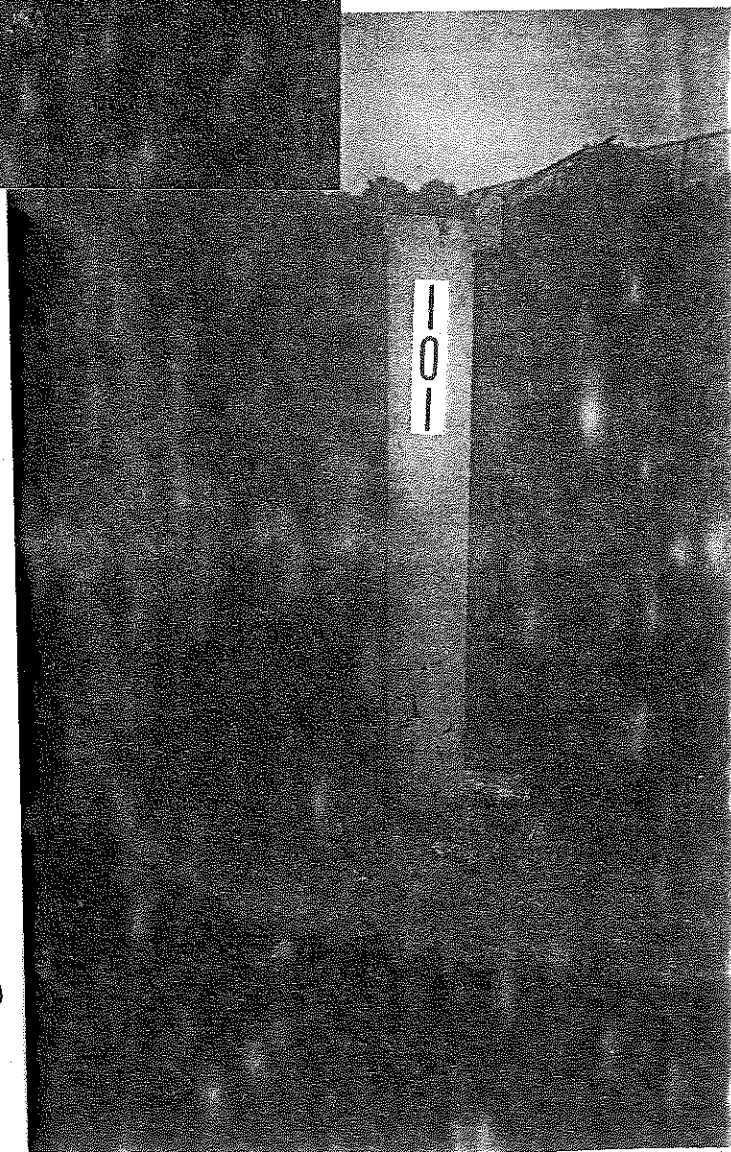
16 Roll 108

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(10)



IEPA-DLPC

1
0
5

Date: June 14, 1990

Time: 3:07 pm

Photograph By:

Karen S. Nelson

Location:

LPC# 1190200002

Madison County

East Alton / Olin

Photograph taken
towards the N

11 Roll 108.

11

Date: June 14, 1990

Time: 3:08 pm

Photograph By:

Karen S. Nelson

Location:

LPC# 1190100001

Madison County

East Alton / Olin

Photograph taken
towards the NE

12 Roll 108

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IEPA/DLPC

12

0
2

IEPA-DLP

Date: June 14, 1990

Time: 3:15 pm

Photograph By:

Karen S. Nelson

Location:

LPC# 1190200002

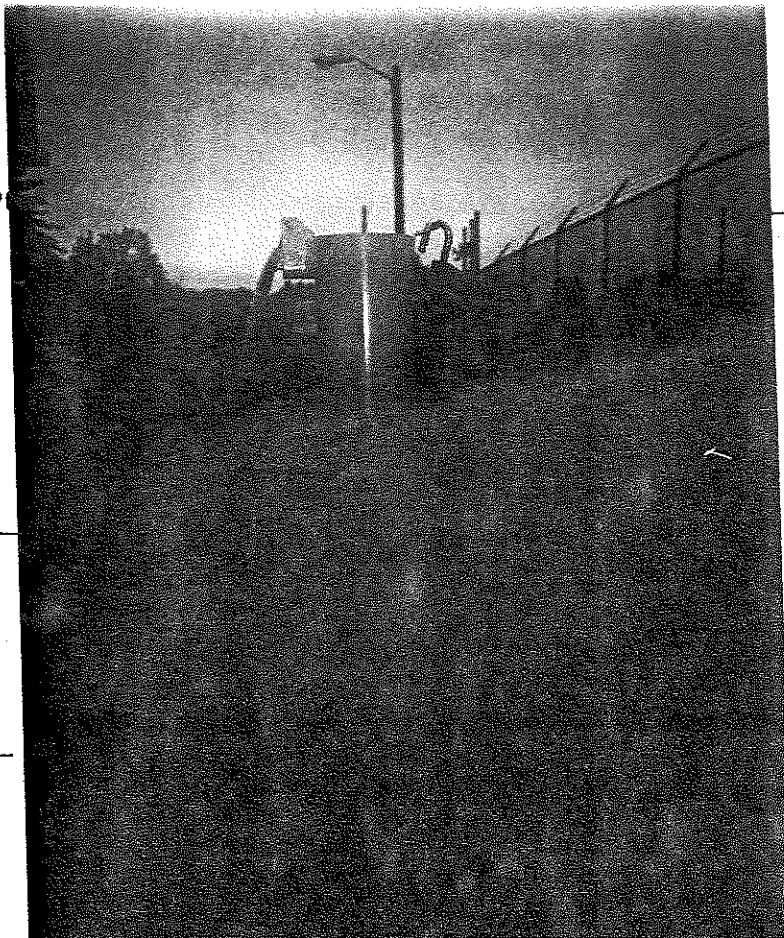
Madison County

East Alton / Olin

Photograph taken
towards the E/SE

13 Roll 108

(13)



Date: June 14, 1990

Time: 3:20 pm

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Karen S. Nelson

Location:

LPC# 1190200002

Madison County

East Alton / Olin

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towards the E/SE

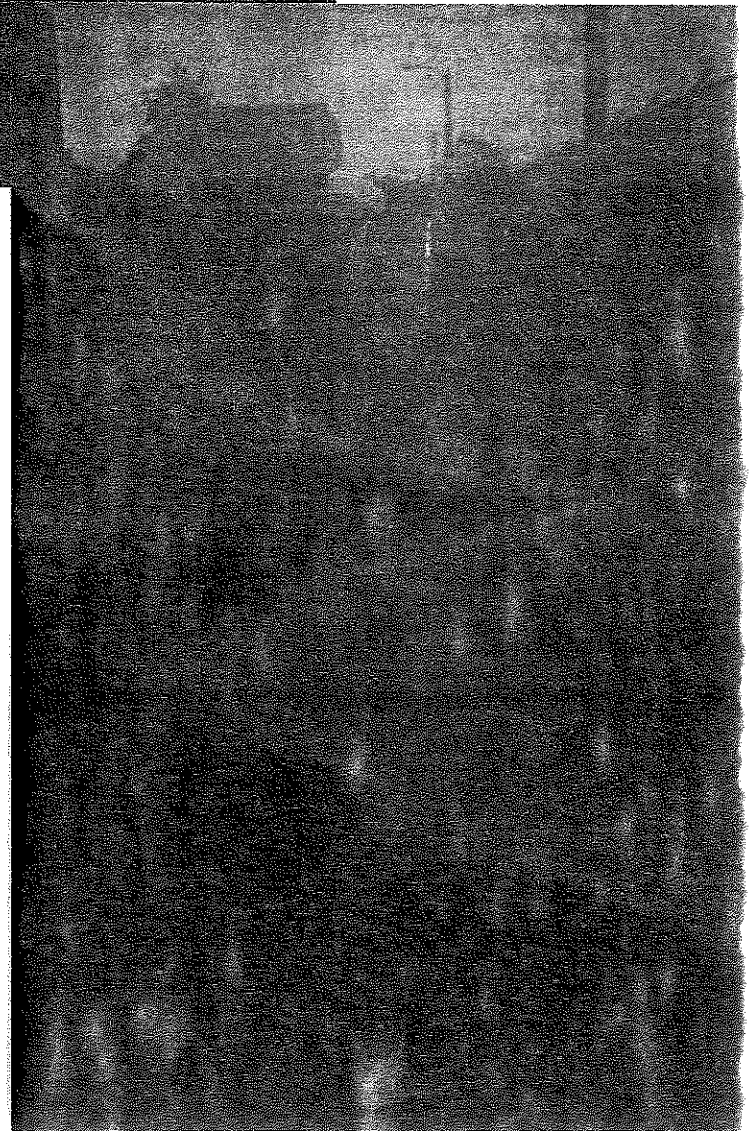
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- 9 AUG 1990

IEPA/DLPC

(14)



IEPA-DLPC

Date: June 14, 1990

Time: 3:27 pm

Photograph By:

Karen S. Nelson

Location:

LPC# 1190200002

Madison County

East Alton / Olin

Photograph taken
towards the NE

2 Roll 106

(15)

Date: June 14, 1990

Time: 3:29 pm

Photograph By:

Karen S. Nelson

Location:

LPC# 1190200002

Madison County

East Alton / Olin

Photograph taken
towards the N

3 Roll 106

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- 9 AUG 1990

IEPA/DLPC

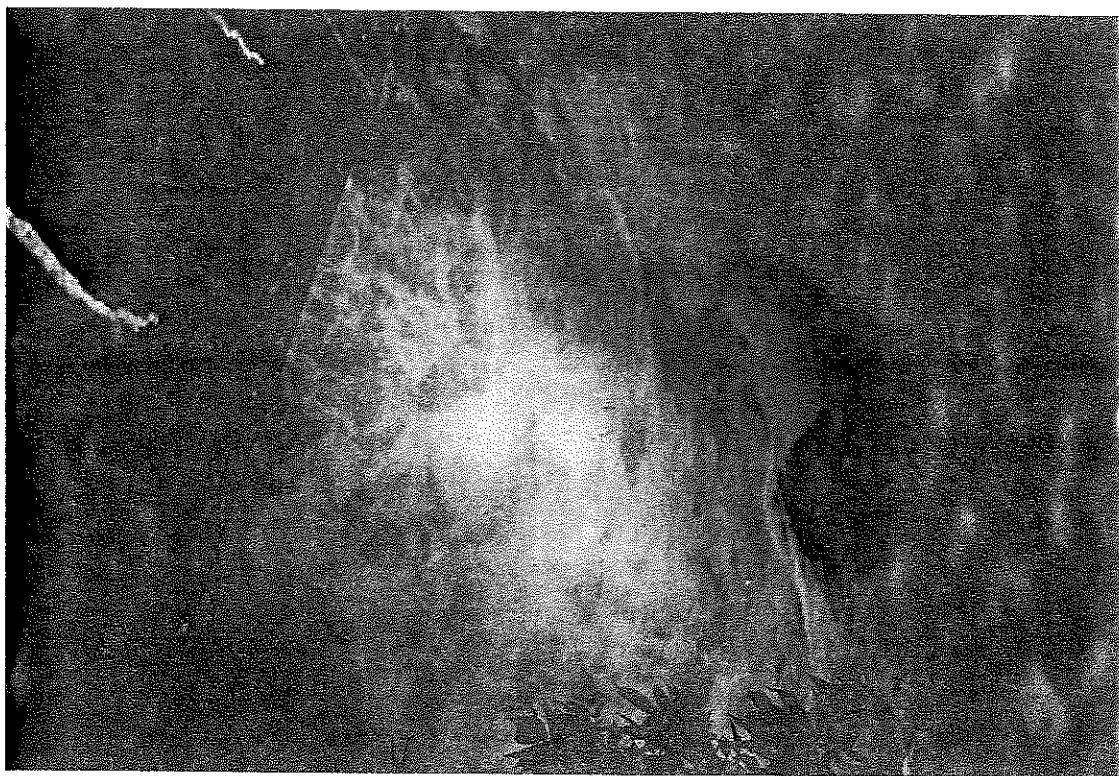
(16)

Date: June 14, 1990
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Location: LPC# 1190200002
Madison County
East Alton / Olin

Photograph taken
towards the NW

4 Roll 106

(17)

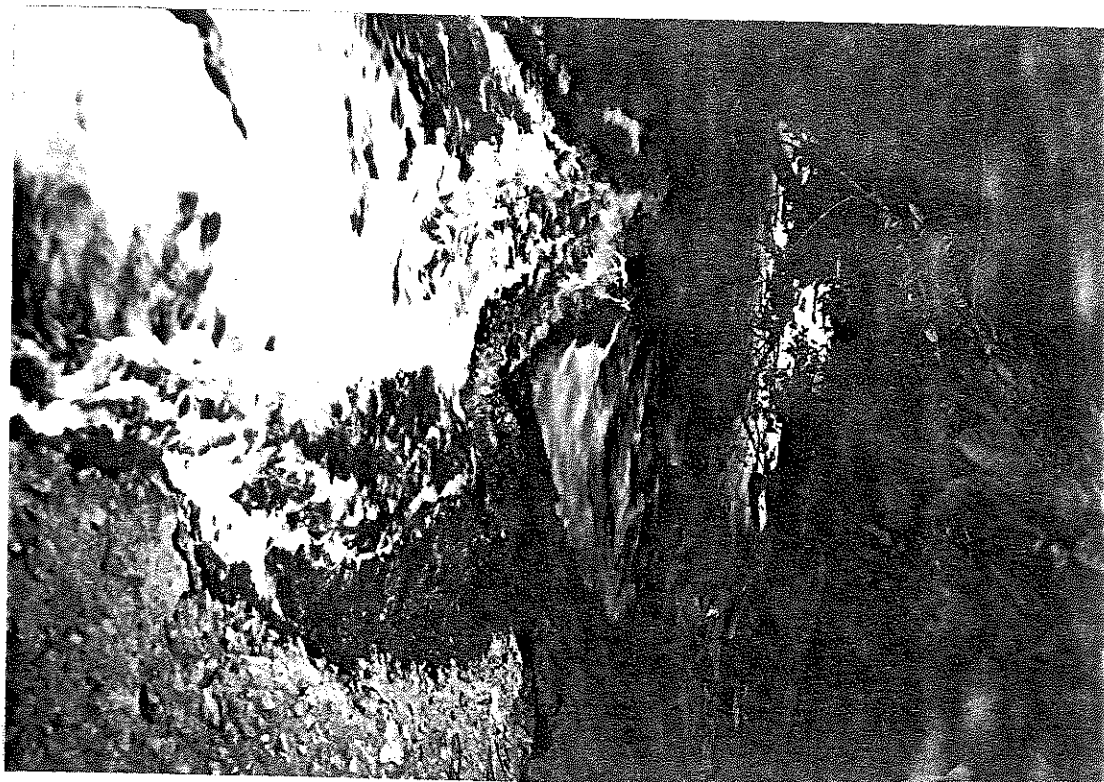


Date: June 14, 1990
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Photograph By: Karen S. Nelson
Location: LPC# 1190200002
Madison County
East Alton / Olin

Photograph taken
towards the N

5 Roll 106

(18)



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APPENDIX A-1

FACILITY INSPECTION FORM FOR COMPLIANCE WITH INTERIM
STATUS STANDARDS COVERING GROUNDWATER MONITORING

RECEIVED

- 9 AUG 1990

IEPA/DLPC

General Information

USEPA Number: 1LD006271696 IEPA Number: 1190280002
 LDF
 Major Facility: (YES)/NO Notified As: G/T/TSD Regulated As: G/T/TSD
 Facility Name: OLIN CORPORATION - MAIN PLANT
 Street: Shamrock St.
 City: East Alton State: IL Zip Code: 62024
 Phone: 618-258-3026 County: Madison
 Facility Contact Official: Wayne Galler Branch/Organization: Olin Corp.
 Title: Environmental Engineer
 Region: 6 Date of Inspection: 6/14/90 Time: (From) 12:55pm (To) 4:45pm
 Type of Inspection: (GWM) RR F/U / /
 (Date of Initial Inspection)

Preparer Information:

Name: Aren S. Nelson

Agency/Title:

DLPC/FOS-Spfd GW Coordinator

Telephone:

217-786-6892

Section	Class I	Class II
725.192(a)	<u>X</u>	
725.175(b)(c),(d)		<u>3</u>
725.173(b)(5)		<u>1</u>
TOTAL Class I's & II's	<u>1</u>	<u>4</u>

Type of facility: (check appropriately)

- a) surface impoundment
 b) landfill
 c) land treatment facility
 d) disposal waste pile*

YES	NO	UNKNOWN	WAVIED
<u>X</u>			
	<u>X</u>		
	<u>X</u>		
	<u>X</u>		

Groundwater Monitoring Program

1. Was the groundwater monitoring program reviewed prior to site visit?
 If "NO",
- a) Was the groundwater program reviewed at the facility prior to site inspection?
2. Has a groundwater monitoring program (capable of determining the facility's impact on the quality of groundwater in the uppermost aquifer underlying the facility) been implemented? 725.190(a)

<u>X</u>			
<u>X</u>			
<u>X</u>			

*Listed separate from landfill for convenience of identification.

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Wavied</u>
3. Has at least one monitoring well been installed in the uppermost aquifer hydraulically upgradient from the limit of the waste management area? 725.191(a)(1)	<u>X</u>	---	---	---
a) Are ground-water samples from the uppermost aquifer, representative of background ground-water quality and not affected by the facility (as ensured by proper well number, locations and depths?)	<u>X</u>	---	---	---
4. Have at least three monitoring wells been installed hydraulically downgradient at the limit of the waste handling or management area? 725.191(a)(2)	<u>X</u>	---	---	---
a) Do well numbers, locations and depths ensure prompt detection of any statistically significant amounts of hazardous waste or hazardous waste constituents that migrate from the waste management area to the uppermost aquifer?	<u>X</u>	---	---	---
5. Have the locations of the waste management areas been verified to conform with information in the ground-water program?	<u>X</u>	---	---	---
a) If the facility contains multiple waste management components, is each component adequately monitored?	<u>N/A</u>	---	---	---
6. Do the numbers, locations, and depths of the ground-water monitoring wells agree with the data in the ground-water monitoring system program? If "No," explain discrepancies.	<u>X</u>	---	---	---
7. Well completion details. 725.191(c)				
a) Are wells properly cased?	<u>X</u>	---	---	---
b) Are wells screened (perforated) and packed where necessary to enable sampling at appropriate depths?	<u>X</u>	---	---	---
c) Are annular spaces properly sealed to prevent contamination of ground-water?	<u>X</u>	---	---	---

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Wavied</u>
8. Has a ground-water sampling and analysis plan been developed? 725.192(a)	<u>X</u>	---	---	
a) Has it been followed?	<u>X</u>	---	---	
b) Is the plan kept at the facility?	<u>X</u>	---	---	
c) Does the plan include procedures and techniques for:				
1) Sample collection?	<u>X</u>			
2) Sample preservation?	<u>X</u>			
3) Sample shipment?	<u>X</u>			
4) Analytical procedures?	<u>X</u>			
5) Chain of custody control?	<u>X</u>			
				X- PLAN has apparent deficiencies - refer to inspection narrative
9. Are the required parameters in ground-water samples being tested quarterly for the first year? 725.192(b) and 725.192(c)(1)	<u>X</u>	---		
a) Are the ground-water samples analyzed for the following:				
1) Parameters characterizing the suitability of the ground-water as a drinking water supply? 725.192(b)(1)	<u>X</u>	---		
2) Parameters establishing ground-water quality? 725.192(b)(2)	<u>X</u>	---		
3) Parameters used as indicators of ground-water contamination? 725.192(b)(3)	<u>X</u>	---		
(i) For each indicator parameter are at least four replicate measurements obtained at each upgradient well for each sample obtained during the first year of monitoring? 725.192(c)(2)	<u>X</u>	---		
(ii) Are provisions made to calculate the initial background arithmetic mean and variance of the respective parameter concentrations or values obtained from the upgradient well(s) during the first year? 725.192(c)(2)	<u>X</u>	---		
				Samples for Background concentrations were collected for during Sept., 1984 and June, 1985.
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	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Wavied</u>
b) For facilities which have completed first year ground-water sampling and analysis requirements:				
1) Have samples been obtained and analyzed for the ground-water quality parameters at least annually? 725.192(d)(1)	<u>X</u>			
2) Have samples been obtained and analyzed for the indicators of ground-water contamination at least semi-annually? 725.192(d)(2)	<u>X</u>			<i>Facility is currently conducting assessment monitoring pursuant to 725.193</i>
c) Were ground-water surface elevations determined at each monitoring well each time a sample was taken? 725.192(e)	<u>X</u>	<u>---</u>		
d) If it was determined that modification of the number, location or depth of monitoring wells was necessary, was the system brought into compliance with 725.191(a)? 725.193	<u>X</u>	<u>---</u>		
10. Has an outline of a ground-water quality assessment program been prepared? 725.193(a)	<u>X</u>	<u>---</u>		
a) Does it describe a program capable of determining:				
1) Whether hazardous waste or hazardous waste constituents have entered the ground-water?	<u>X</u>	<u>---</u>		
2) The rate and extent of migration of hazardous waste or hazardous waste constituents in ground-water?	<u>X</u>	<u>---</u>		
3) Concentrations of hazardous waste or hazardous waste constituents in ground-water?	<u>X</u>	<u>---</u>		
b) Were records kept of the analyses and evaluations, specified in the ground-water quality assessment (throughout the active life of the facility)? 725.194(b)(1)	<u>X</u>	<u>---</u>		
1) If a disposal facility, were(are) records kept through the post-closure period as well?	<u>---</u>			<i>NA - Not closed yet</i>

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Yes No Unknown Wavied

1. Have records been kept of analyses for parameters in 725.192(c) and (d)?
725.194(a)(1)

X

12. Have records been kept of ground-water surface elevations taken at the time of sampling for each well? 725.194(a)(1)

X

13. Have records been kept of required elevations in 725.192(e)? 725.194(a)(1)

X

*EPA will be proposing (Spring 1982) to replace this reporting requirement with an exception reporting system where reports will be submitted only where maximum contaminant levels or significant changes in the contamination indicators or other parameters are observed. EPA has delayed compliance stage for 14 a) above until August 1, 1982 (Federal Register, February 23, 1982, p. 7841-7842) to be coupled with exception reporting in the interim.

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APPENDIX A-2

COMPLIANCE FORM FOR A FACILITY WHICH
MAY BE AFFECTING GROUND-WATER QUALITY

Company Name: Olin Corp ; IEPA I.D. Number: 1190200002
 Company Address: Shamrock St. ; USEPA I.D. Number: 1LD 006271696
East Alton, IL ; Inspector's Name: Karen S. Nelson
62024
 Company Contact/Official: Wayne Geller ; Branch/Organization: Olin Corp
 Title: Environmental Engineer ; Date of Inspection: 6/14/90

Yes No Unknown

Type of facility: (check appropriately)

- a) surface impoundment
- b) landfill
- c) land treatment facility
- d) disposal waste pile

X ---
--- ---
--- ---
--- ---

1. Have comparisons of ground-water contamination indicator parameters for the upgradient well(s) 725.193(b) shown a significant increase (or pH decrease as well) over initial background?

X ---

a) If "Yes," has this information been submitted to the Director according to 725.194(a)(2)(ii)?

X ---

2. Have comparisons of indicator parameters for the downgradient wells 725.193(b) shown a significant increase (or pH decrease as well) over initial background?

X December, 1985
 Sampling showed
 statistically significant
 changes in pH +
 specific conductance

a) If "Yes," were additional ground-water samples taken for those downgradient wells where the significant difference was determined? 725.193(c)(2)

X ---

- 1) Were samples split in two?
- 2) Was the significant difference due to human (e.g., laboratory) error? (If "Yes," do not continue.)

X ---
--- X

Yes No Unknown

3. If significant differences were not due to error, was a written notice sent to the Director within 7 days of confirmation?
4. Within 15 days of notification of the Director was a certified ground-water quality assessment plan submitted?
725.193(d)(2)

X —

X —

a) Does the plan specify 725.193(d)(3):

1) well information (specifics):

- (a) number?
(b) locations?
(c) depths?

X —
X —
X —

- 2) sampling methods?
3) analytical methods?
4) evaluation methods?
5) schedule of implementation?

X —
X —
X —
X —

b) Does the plan allow for determination of 725.193(d)(4):

- 1) Rate and extent of migration of hazardous waste or hazardous waste constituents?
2) Concentrations of the hazardous waste or hazardous waste constituents?

X — 725.193(d)(4) was
cited 6-16-87 and
resolved 2-28-90
X —

c) Is it indicated that the first determination was made as soon as technically feasible? 725.193(d)(5)

— X OIL sent on
7-10-86 and
report received
7-14-86

- 1) Within 15 days after the first determination was a written report containing the assessment of ground-water quality submitted to the Director?

X —

d) Was it determined that hazardous waste or hazardous waste constituents from the facility have entered the ground-water?

- 1) If "No," was the original indicator evaluation program, required by 725.192 and 725.193(b), reinstated?

X — 1,1,1-Trichloroethane and
chloroform detected in
groundwater. X

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Refer to rate and extent
assessment report dated
Feb. 28, 1990.

Yes No Unknown

(a) Was the Director notified of the reinstatement of program within 15 days of the determination? 725.193(d)(6)

____ NA ____

e) If it was determined that hazardous waste or hazardous waste constituents have entered the ground-water 725.193(d)(7):

1) For facilities where a program was implemented prior to final closure, are determinations of hazardous waste or hazardous waste constituents continued on a quarterly basis?
(If a program was implemented during the post-closure care period, determinations made in accordance with the ground-water quality assessment plan may cease after the first determination.)

X ____

(a) Were subsequent ground-water quality reports submitted to the Director within 15 days of determination?

X ____

f) Are annual reports submitted to the Director containing the results of the ground-water quality assessment program?
725.194(b)(2)

X ____

1) Do the reports include the calculated or measured rate of migration of hazardous waste or hazardous waste constituents during the reporting period?

X ____

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PART ONE

The field inspector and the enforcement official will meet and complete four tasks. Those tasks are: 1) review enforcement and permitting actions taken to date at the facility, 2) review the owner/operator's sampling and analysis program, 3) review the owner/operator's O&M program, and 4) prepare site-specific inspection objectives.

1. Facility identification number LPC 119 020 000 2
140 006 271696
2. Name of facility contact Wayne Galler
 phone number (618) 258-3026
3. Address of facility Shamrock St.
East AITON, IL 62024

4. Does the facility have:

Interim Status? (go to 5a)

detection monitoring

assessment monitoring

corrective action (§3008(h))

until Part B RCRA Permit is issued for the zone 6 WWTF emergency lagoon which is the unit requiring groundwater monitoring under PART 724.

Permit Status? (go to 5b)

detection monitoring

compliance monitoring

corrective action

5a. Past actions taken at facility (interim status)

Type

Date(s)

Operation and Maintenance Inspection 6-14-90

Comprehensive (Ground-Water) 12-29-87

Monitoring Evaluation _____

Case Development Inspection _____

RCRA Facility Assessment _____

Compliance Evaluation Inspection 3-22-90

Ground-Water Task Force Investigation _____

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5b. Actions taken at the facility (permit status)

<u>Type</u>	<u>Date</u>
• Permit Issuance	
• Operation and Maintenance Inspection	<u>6-14-90</u> *
• Comprehensive (Ground-Water)	
• Monitoring Inspection	
• Case Development Inspection	
• Compliance Evaluation Inspection	
• Other	

Complete the following in regard to the actions listed above:

- Do you have a copy of the permit and copies of inspection reports completed after permit issuance? Yes X No
- Summarize deficiencies identified after permit issuance regarding the owner/operator's operation and maintenance program.

* Olin was issued a Part B RCRA permit. However, the groundwater is being monitored per 725.193(d)(4) until a modified Part B RCRA permit is issued for this unit (zone 6 WWTF Lagoon) which addresses a delayed closure for this unit. ^{Pursuant to 725.193(d)(4)} Determinations required in 725.193(d)(4) are to be made ^{on 1/4ly basis} until final closure is completed for the unit.

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Go to 6b

6b. Identify enforcement actions issued to the facility after the permit issuance date. *None*

Action

Date(s)

- §3008(a) complaint/order
- §3013 complaint/order
- §3008(h) complaint/order
- §7003 complaint/order
- Referral for litigation
- Other

Complete the following regarding the actions listed above:

- For each, identify if the enforcement action focused on the owner/operator's sampling and analysis program and/or the owner/operator's operation and maintenance program. Summarize relevant requirements imposed on the owner/operator.

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Go to 7

7. Review and summarize the owner/operator's sampling and analysis plan. (Note: Revise or add to the table if permit conditions dictate a different requirement the owner/operator must follow.) Does the Sampling and Analysis Plan: 725-192	Y/N
Include provisions for the measurement of static water elevations in each well prior to each sampling event? <i>See memo, Comment No. 7</i>	Yes Pg. 5
Specify the device to be used for measuring water level elevations?	Y - pg. 5
Specify the procedure for measuring water levels?	Y - pg. 5
Provide for the measurement of depth to standing water and depth to the bottom of the well to 0.01 feet?	Y - pg. 5
Explain whether dedicated or non-dedicated sampling equipment is used and the type of sampling equipment? <i>Needs elaboration - see memo</i>	Y - pg. 6
Describe procedures for evacuating wells?	Y - pg. 5
Provide for the use of sampling devices constructed of inert materials such as fluorocarbon resin or stainless steel? <i>Teflon</i>	Y - pg. 6
Provide for dedicated sampling devices for each well or alternately provide for decontamination of sampling devices and the collection of blanks between wells?	N See memo
Provide for the collection and containerization of samples in the order of volatilization potential? <i>Needs elaboration - See memo</i>	Y - pg. 6
Identify the preservation methods and sample containers the owner/operator will use?	Y - pg. 7
Describe procedures for transferring samples to off-site laboratories?	Y - pg. 8
Describe a chain-of-custody program which includes the use of sample labels, sample seals, field logbooks, chain-of-custody records, sample analysis request sheets, and laboratory logbooks?	Y
Include provisions for collection of field, trip, and equipment blanks?	No See memo
Include an inventory of sampling equipment and sampling devices used as part of the monitoring program?	Y
Include detailed operating, calibration, and maintenance procedures for each sampling device? <i>Needs elaboration - See memo</i>	Y and N

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(Continued)

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8. Complete the following table. Use a separate entry for each well and piezometer in the monitoring system:

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Identification Number	Type of Well Sampling Equipment (pump or bailer)	Depth to Water Last Inspection (if available)	Depth to Bottom Last Inspection (if available)	Notes/Comments
1.	All wells are sampled with non-dedicated teflon bailers and rope. No GW measurements were available			
2.	from prior CME of 12-29-87. Groundwater data was available from Olin's 2-28-90 Assessment report			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

APPENDIX B
Part Two

Field Inspection Guide

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PART TWO

The field inspector will complete four tasks during the field inspection. They are:

1) review the operating record to identify evidence of deficiencies in the owner/operator's sampling and/or operation and maintenance programs; 2) visually inspect each well and piezometer for evidence of damage or deterioration; 3) obtain measurements from the operations record of depths of water levels and well depths for each well and piezometer; and 4) visually observe the owner/operator's field crew as they collect ground-water samples.

Name of inspector(s) Karen S. Nelson

- 9 AUG 1990

Date(s) of inspection June 14, 1990

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1. Review the operating record of the facility. Does the operating record:	Y/N
Include annual reports of ground-water monitoring results including ground-water level data from each well and piezometer in the monitoring system?	Y
Include an inventory of all sampling devices and purging equipment in use at the facility and information on model number, serial number and manufacturers name?	N- see memo
Include detailed operating, calibration and maintenance procedures for each sampling device?	N
Describe decision criteria to be used to replace or repair sampling equipment and/or monitoring wells?	N
Include schedules for performing operation and maintenance activities related to the ground-water monitoring system?	N ✓
Include records for ground-water monitoring which provide information on 1) the date, exact place and time of sampling or measurements; 2) the individual(s) who performed the sampling or measurements; 3) the date(s) analyses were performed; 4) the analytical techniques or methods used; and 5) the results of such analyses?	Y
Include records of all monitoring information including all calibration and maintenance records?	N
Include records of monitoring information including determination of ground-water surface elevations?	Y
Include a determination of ground-water flow rate and direction(s) in the uppermost aquifer on an annual basis (e.g., prepare a potentiometric map annually using data collected during the year)?	Y
Provide for more frequent and intensive inspection of wells constructed of non-inert casing such as PVC? (Refer to Appendix A for permit example.)	N

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2. Visually inspect each well and piezometer and complete the table below (one line entry for each well or piezometer):

Well/ Piezometer	Survey Mark Present?	Standing or Ponded Water?	Evidence of Collision Damage?	Evidence of Frost Heaving?	inner casing material evidence of degradation	Lock in Place?	Evidence of Well Sub- sidence?	Photograph Taken?
110	No apparent Survey marks except TOC ↓	No	No	No	SS N	Unlocked- Sampling	N	# 4
112		N	N	N	SS N	Yes	N	4
103		N	N	N	SS N	unlocked for Sampling	N	5, 6
109		N	N	Surface Seal Cracked	SS N	Yes	N	7
111		N	N	Cracks in Surface seal	SS N	Y	N	7
107		N	N	N	SS N	Y	N	8
104		N	N	Surface Seal cracked	PVC N	Y	N	9
101		N	N	No Surface Seal?	PVC N	Y	N	10
105		N	N	Surface Seal Cracked	PVC N	Y	N	11
102		N	N	No Surface Seal?	PVC N	Y	N	12

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[illegible]

3. Obtain data on depth to standing water and depth to the bottom of each monitoring well and piezometer in the owner/operator's monitoring system. Record depth measurements to the nearest 0.01 feet. Record the measurements

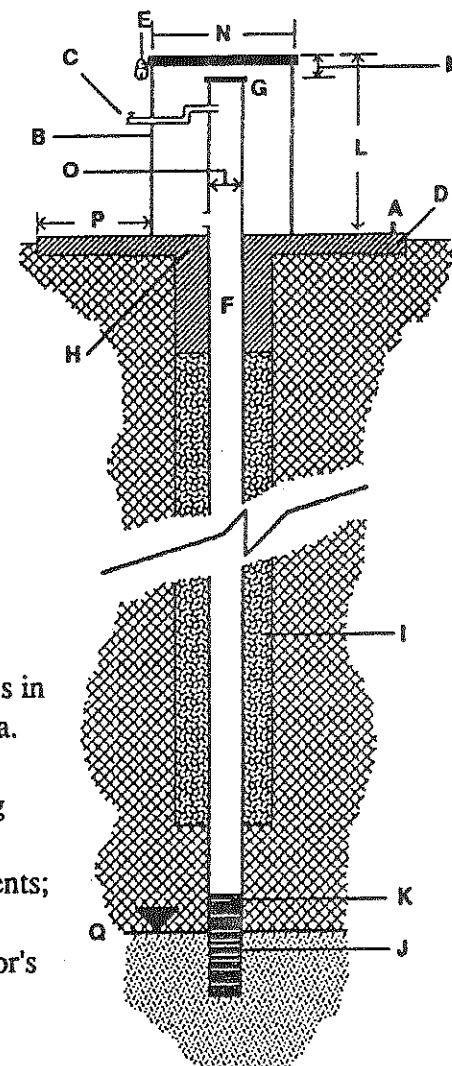
[illegible]

Key:

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- A - survey elevation mark
- B - protective outer casing- 9
- C - gas vent
- D - concrete apron IEP
- E - fitted lock
- F - primary casing material
- G - cap for primary casing
- H - bore hole seal
- I - annular space seal
- J - well screen
- K - filter pack
- L - height of riser
- M - elevation difference
- N - diameter of outer casing
- O - diameter of primary casing
- P - radius of apron
- Q - water level below surface

1. The field inspector has several options in collecting ground water elevation data. The inspector may:
 - a. obtain past data from the operating record; and/or
 - b. take his/her own depth measurements; and/or
 - c. obtain data from the owner/operator's sampling crew.



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4. Observe the owner/operator's staff as they collect ground-water samples at several wells. Complete the following table for each well (Note: revise or add to the table if permit conditions dictate a different requirement the owner/operator must follow):

Position/Title	Name	Sampling Experience (years and type)
Env. Specialist	Shiblee Ahmed	2.5 years
	Tom Ziegler	New employee - trainee

Well Identification Number <u>G103, G110</u>	Y/N	Photograph Taken Y/N
Did the sampling crew measure static water levels in the well and well depths prior to the sampling event?	Y	N
Did the sampling crew use a steel tape or electronic device to take depth measurements? <u>3000 TLE meter for H₂O levels, Temp, conductivity</u>	Y	# 4
Did the sampling crew record depths to +/- 0.01 feet?	Y	N
Did the sampling crew follow these procedures: 1. remove locking and protective cap; <u>YES</u> 2. sample the air in the well head for organic vapors; <u>Not required</u> 3. determine the static water level; and <u>YES</u> 4. lower an interface probe into the well to detect immiscible layers. <u>NO</u>	Y+N	
If immiscible samples were collected, were they collected prior to well purging?	<u>None collected</u>	
Did the sampling crew evacuate low yielding wells to dryness prior to sampling?	Y	
Did sampling crew evacuate high yielding wells so that at least three casing volumes were removed? <u>Four volumes are removed</u>	Y	
Did the sampling crew collect the purge water for storage and analysis or for shipment off-site to a RCRA treatment facility?	<u>N</u> <u>see memo</u>	
Were sampling devices constructed of fluorocarbon resins or stainless steel?	<u>Y-Teflon</u>	<u>✓</u>

(Continued)

Well Identification Number	Y/N	Photograph Taken Y/N
<u>G103, G110</u>		
Were samples taken from the bladder pump discharge tube, and not from any purge device discharge tube?	NA	
Was the bladder pump discharge flow checked for the presence of gas bubbles before each sample collection, as a test for bladder integrity?	↓	
Was bladder pump flow performance monitored regularly for dropoff in flow rate and discharge volume per cycle?		
Was the bladder pump incorporated in a combination sample-purge pump design which can expose the bladder pump interior and discharge tubing to the pump drive gas? If so, were operating procedures established and followed to prevent at all times the entry of drive gas into the sample flow or into the bladder pump interior?		
Did the sampling crew collect and containerize samples in the order of the volatilization sensitivity of the parameters?	Yes - See memo	
Did the sampling crew measure the following parameters in the field: pH, temperature, specific conductance?	Yes	
Did the sampling crew sample background wells before sampling downgradient wells?	NO - See memo	
Did the sampling crew use fluorocarbon resin or polyethylene containers with polypropylene caps for samples requiring metals analysis?	Y	# 5
Did the sampling crew use glass bottles with fluorocarbon resin-lined caps for samples requiring metals analysis?	N	# 5
If metals were the analytes of concern, did the sampling crew use containers cleaned with nonphosphate detergent and water, and rinsed with nitric acid, tap water, hydrochloric acid, tap water and finally Type II water?	unknown	
If organics were the analytes of concern, did the sampling crew use containers cleaned with nonphosphate detergent, rinsed with tap water, distilled water, acetone, and finally pesticide quality hexane?	↓	
Did the sampling crew filter samples requiring analysis for organics?	N	

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TABLE 1
GROUND-WATER ELEVATIONS
ZONE 6 WWTF EMERGENCY HOLDING LAGOON
OLIN EAST ALTON FACILITY, ILLINOIS

GROUND SURFACE
ELEVATION
FEET ABOVE SEA LEVEL

From Logs

GROUND-WATER
SURFACE ELEVATIONS
FEET ABOVE SEA LEVEL

WELL NO.	8/84	3/19/85	6/19/85	12/19/85	6/18/86	12/18/86	6/15/87	12/18/87	3/23/88	6/6/88	10/6/88	12/2/88	3/2/89	6/14/89	9/18/89	12/7/89
OMW-102	437.7	416.06	416.16	416.13	415.47	415.29	413.99	412.70	413.33	412.24	412.38	411.50	411.40	411.73	411.36	411.15
OMW-103	439.4	415.47	415.87	415.59	414.98	414.79	413.62	409.80	412.57	412.45	411.90	411.74	411.60	411.92	411.32	411.13
OMW-104	439.4	415.37	415.62	415.50	414.90	414.64	413.32	411.93	412.01	412.46	411.53	411.20	411.30	411.46	411.02	411.78
OMW-105	437.3	416.60	416.41	416.29	415.50	415.42	414.17	413.14	416.56	413.33	412.69	412.42	412.30	412.64	412.34	412.06
OMW-106	436.5	417.61	417.85	418.25	416.33	415.76	414.63	413.59	415.57	415.06	410.01	413.88	410.50	414.59	409.06	413.38
OMW-107	438.4	---	---	---	---	---	---	---	---	---	---	---	409.60	409.69	409.05	408.43
OMW-108	425.8	---	---	---	---	---	---	---	---	---	---	---	412.60	415.68	415.30	410.99
OMW-109	439.2	---	---	---	---	---	---	---	---	---	---	---	411.30	411.61	411.02	410.70
OMW-110	439.3	---	---	---	---	---	---	---	---	---	---	---	411.06	411.70	411.19	411.01
OMW-111	440.0	---	---	---	---	---	---	---	---	---	---	---	404.80	409.52	408.89	408.18
OMW-112	439.8	---	---	---	---	---	---	---	---	---	---	---	407.90	408.00	407.27	406.65
OMW-113	433.6	---	---	---	---	---	---	---	---	---	---	---	401.80	401.48	400.86	401.03
OMW-114	433.2	---	---	---	---	---	---	---	---	---	---	---	402.10	401.67	400.98	399.36

From the Feb., 1990 revised Zone 6
Groundwater Quality Assessment report

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Table 2

**ELEVATION DATA FOR GROUNDWATER MONITORING NETWORK
ZONE 6 EMERGENCY HOLDING LAGOON**

**OLIN CORPORATION
EAST ALTON, ILLINOIS**

Monitoring Well Number	Ground Surface Elevation	Top Of Riser Elevation	Top Of Protective Casing Elevation	Water Level Elevation
<u>Existing Wells</u>				
OMW-101	438.93	<u>TD</u> 441.24	441.48	--
OMW-102	437.72	440.14	440.27	--
OMW-103	439.45	31.82(LS) 442.40	30.72 442.63	411.68 --
OMW-104	439.45	441.86	442.01	--
OMW-105	437.32	439.86	439.91	--
OMW-106	436.50	32.04(mc) 438.75	22.36 438.85	416.39 --
OMW-107	438.40	441.45	441.58	--
OMW-108	425.80	427.79	428.08	--
OMW-109*	439.15	441.59	441.74	--
OMW-110*	439.34	28.76(LS) 442.46	30.90 442.69	411.56 --
OMW-111*	439.99	442.29	442.49	--
OMW-112*	439.77	441.97	442.14	--
<u>New Wells</u>				
OMW-113	433.64	42.56 (TOC) 436.10	35.68 436.28	400.73 401.98
OMW-114	433.16	44.64 435.32	34.84 436.54	400.48 402.06

Note: Elevations reported in feet above mean sea level. Monitoring well OMW-109 was used as site datum for measuring the new wells, and has an elevation of 441.74 feet. Static water levels were measured on February 23, 1989, prior to well development.

* Elevations have been recalculated since the December 19, 1988, submittal.

RECEIVED
- 9 AUG 1990

Source: John Mathes & Associates, Inc.,
Monitoring Well Installation Report,
March 8, 1989

IEPA/DLPC

*Water elevations collected during
6-14-90 inspection.*

From: Law Environmental, Revised Zone 6 Groundwater
Quality Assessment Report, February, 1990.

Table 2

RECEIVED

- 4 AUG 1990

IEPA/DLPC

ELEVATION DATA FOR GROUNDWATER MONITORING NETWORK
ZONE 6 EMERGENCY HOLDING LAGOONOLIN CORPORATION
EAST ALTON, ILLINOIS

Monitoring Well Number	Ground Surface Elevation	Top Of Riser Elevation	Top Of Protective Casing Elevation	Water Level Elevation
<u>Existing Wells</u>				
OMW-101	438.93	441.24	441.48	--
OMW-102	437.72	440.14	440.27	--
OMW-103	439.45	442.40	442.63	--
OMW-104	439.45	441.86	442.01	--
OMW-105	437.32	439.86	439.91	--
OMW-106	436.50	438.75	438.85	--
OMW-107	438.40	441.45	441.58	--
OMW-108	425.80	427.79	428.08	--
OMW-109*	439.15	441.59	441.74	--
OMW-110*	439.34	442.46	442.69	--
OMW-111*	439.99	442.29	442.49	--
OMW-112*	439.77	441.97	442.14	--
<u>New Wells</u>				
OMW-113	433.64	436.10	436.28	401.98
OMW-114	433.16	435.32	436.54	402.06

Note: Elevations reported in feet above mean sea level. Monitoring well OMW-109 was used as site datum for measuring the new wells, and has an elevation of 441.74 feet. Static water levels were measured on February 23, 1989, prior to well development.

* Elevations have been recalculated since the December 19, 1988, submittal.

Source: John Mathes & Associates, Inc.,
Monitoring Well Installation Report,
March 8, 1989

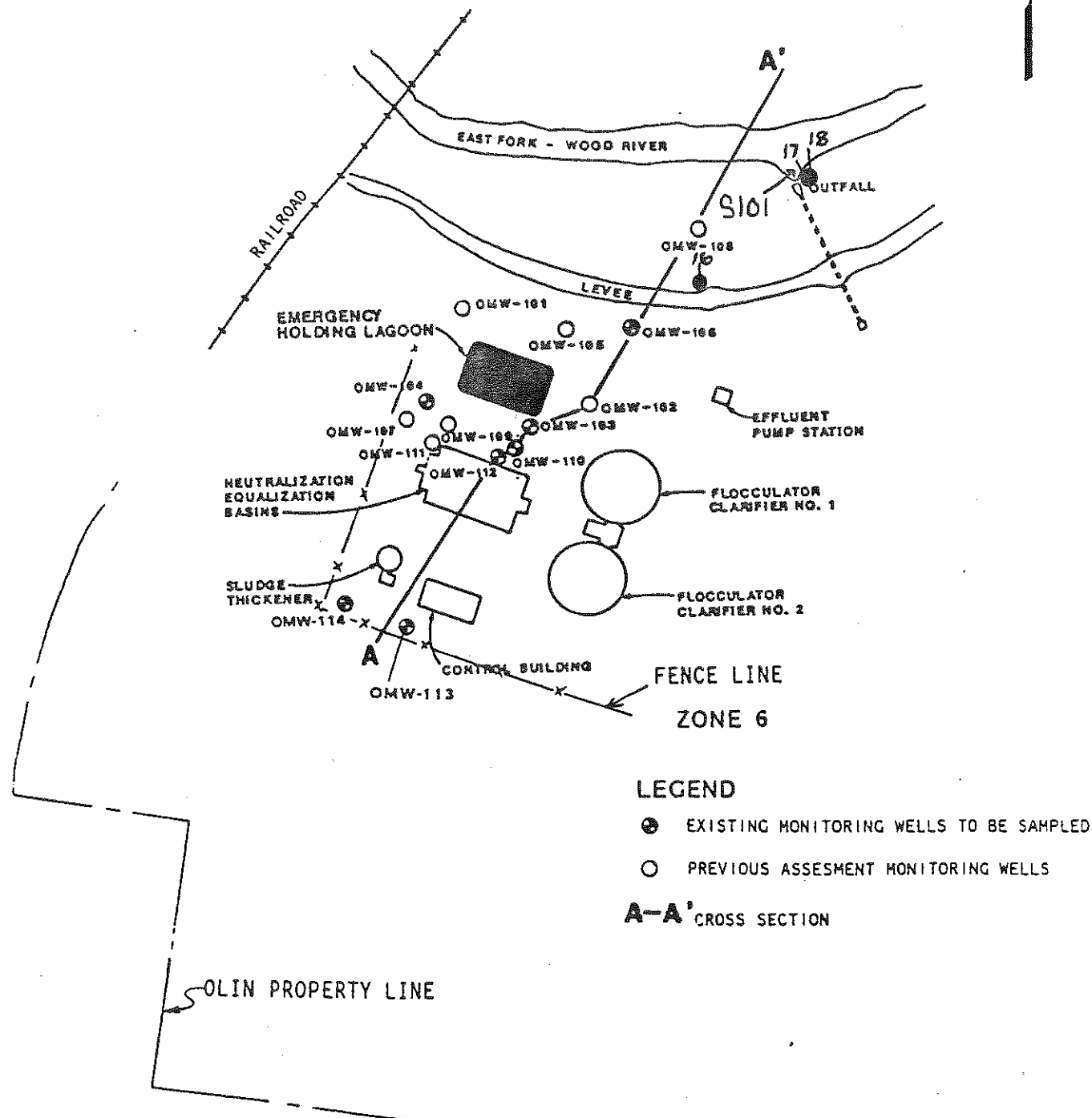
From: Law Environmental, Revised Zone 6 Ground Water
Quality Assessment Report, February 1990.

FIGURE PARTIALLY REPRODUCED
FROM "REVISED CLOSURE PLAN
FOR ZONE 6" FIGURE 5, NOV.
1988 BY MATHES AND ASSOCIATES
AS MODIFIED BY LAW ENVIRONMENTAL, INC.

RECEIVED

- 9 AUG 1990

IEPA/DLPC



OLIN CORPORATION

EAST ALTON, ILLINOIS

LAW ENVIRONMENTAL
INC.MONITORING WELL
LOCATION MAP

JOB NO. 55-9527

FIGURE 2

RCRA INSPECTION REPORT

USEPA #: IL D 0 0 6 2 7 1 6 9 6	IEPA #: 1 1 9 0 2 0 0 0 2
Facility Name: OLIN CORP. - MAIN PLANT FACILITY	Phone #: 618/258-3033
Set Address: SHAMROCK STREET	County: MADISON
City: EAST ALTON	State: IL Zip: 62024
Region: 6	Inspection Date: 3/20/22/90 From: 9:30 To: 3:00
Weather: 50°	

TYPE OF FACILITY

Notified As: G/T/TSD	Regulated As: G/T/TSD
LDF? YES HPV? NO	90-Day F/U Required?: YES NO X

TYPE OF INSPECTION

CEI: V	Sampling: _____	Citizen Complaint: _____	Closed: _____	Other: _____
CME/O&M: _____	Record Review: _____	Follow-Up to Inspection of: _____	Withdrawal: _____	

NON-REGULATED STATUS

SQG: _____	Claimed Nonhandler: _____	Other (Specify in Narrative): _____
------------	---------------------------	-------------------------------------

PART A

Notification Date: 8/18/80	from (initial) or (subsequent) Notification.
Initial Part A Date: 11/18/80	Amended: 7/29/87
Part A Withdrawal requested: ____/____/____	Approved by (US)(IL) EPA: ____/____/____

PART B PERMIT APPLICATION

Part B Permit Submitted: Y or N	4/10/89	Final Permit Issued: ____/____/____
---------------------------------	---------	-------------------------------------

ENFORCEMENT

Has the firm been referred to --	USEPA: Y or N	____/____/____
Illinois Attorney General: Y or N	____/____/____	County State's Attorney: Y or N

ORDERS ISSUED

CACO: ____/____/____	CAFO: ____/____/____	Consent Decree: 3/0 MAR 1990
Federal Court Order: ____/____/____	State Court Order: ____/____/____	IPCB Order: ____/____/____

TSD FACILITY ACTIVITY SUMMARY

Activity by Process Code	On Part A?		Activity Conducted Prior to 1980?		Closed	Being done at Time of Insp.?	Exempt per 35 IAC, Sec.	On Annual Report		
	1981	1982	1983	1984				1981	1982	1983
501	YES	N/A*	YES	NO	YES	NO		YES	YES	YES
502	"	"	"	"	YES	"		YES	YES	YES
503	"	"	"	PURSUING CLOSURE	NO	"		DISCONTINUED IN 1981-82		
501	"	"	"	NO	YES	"		YES	YES	YES
503	"	"	"	"	YES	"		YES	YES	YES
504	YES	"	"	PURSUING CLOSURE	NO	"		YES	NO*	NO*

OWNER**OPERATOR**

Name <i>OLIN CORP</i>	Name <i>SAME AS OWNER</i>
Address <i>SLIMROCK STREET</i>	Address
<i>EAST ALTON</i>	City
State <i>IL</i> Zip <i>62024</i>	State Zip
Phone # <i>618-258-3033</i>	Phone #

PERSON(S) INTERVIEWED**TITLE****PHONE #**

<i>WAYNE GILLER</i>	<i>ENVIRONMENTAL ENGINEER</i>	<i>618-258-3026</i>

INSPECTION PARTICIPANT(S)**AGENCY/TITLE****PHONE #**

<i>STEVE NOBLITT</i>	<i>IEPA/EP5</i>	<i>618-346-5120</i>
<i>MIKE GRANT</i>	<i>IEPA/EP5</i>	"
<i>JEFF SCHOENBACHER</i>	<i>IEPA/EP5</i>	"

PREPARED BY**AGENCY/TITLE****PHONE #**

<i>STEVE NOBLITT</i>	<i>EP5-1</i>	<i>618-346-5120</i>
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SUMMARY OF APPARENT VIOLATIONS

Area	Class	Section

Area	Class	Section

Area	Class	Section

Facility: OLIN MAIN PLANT FACILITY
 USEPA #: D 0 0 6 2 7 1 6 9 6
 IEPA #: 1 1 9 0 2 0 0 0 0 2

WASTE DISPOSITION FORM


Waste Name (include haz & waste for which no determination has been made)	Generating Process (For waste gen. on site. N/A for TSD)	Date of Last Analysis	USEPA Haz Waste #	On Annual Report for: (Circle if present; cross out if not present)						Amount on Site	Rate of Generation	Last Manifested Shipment	Disposition		
				* On 8700-12	* On 3510-3	* 19 ⁸⁷	* 19 ⁸⁸	* 19 ⁸⁹							
WASTE WATER TREATMENT PLANT SLUDGE	WWTP - ZONE 6 WINCHESTER PLANT	9/27/89	FC06 D008 K040	Y	Y	G	G	G	F	F	F	210 yd ³	216 yd ³ /yr	3/14/90	HERITAGE
BAGHOUSE DUST	ALL BAGHOUSE UNITS	N/A	D008	Y	Y	G	G	G	F	F	F	20 yd ³	1 yd ³ /day	N/A	REUSED AT ZONE 6 WWTP AS LIME SLURRY SUBSTITUTE
PLATING WASTE	SITE 1-1 BULLET PLATING FACILITY	LISTED	FC07 FC08 FC09	Y	Y	G	G	G	F	F	F	55 gal	5,000 lbs/yr	1/22/90	CVANOCHEM, DETROIT
INCINERATOR ASH	ZONE 3 INCINERATOR	2/14/90	D008	Y	Y	G	G	G	F	F	F	20 yd ³	2000 yd ³ /yr	3/19/90	PDC
TUMBLING MEDIA	LEAD CONTAMINATED WASTE FROM BULLET BURNISHING	3/22/89	D008	Y	Y	G	G	G	F	F	F	15 yd ³	420 yd ³ /yr	1/19/90	PDC
WASTE NAPHTHA	SAFETY - KLEEN PARTS WASHERS	SUPPLIED BY S-K	D001	Y	Y	G	G	G	F	F	F	N/A	4000 gal/yr	3/14/90	SAFETY - KLEEN
SPENT CHLORINATED SOLVENTS	CLEANING, CUTTING DEGREASING	12/21/89	FC01 FC02	Y	Y	G	G	G	F	F	F	220 gal	5000 gal/yr	2/13/90	SAFETY - KLEEN
BALLISTIL SAND	SAND CONTAINING LEAD FROM TEST FIRING OF AMMUNITION	1/8/90	D008	Y	Y	G	G	G	F	F	F	0	200 yd ³ /yr	3/7/90	PDC
MERCURY CONTAMINATED AMMO	ON/90. 21 AMMO TESTERS CASHES TEST, MARKING SUBSTITUTION USED. LEAD REQUIRED	3/5/90	D004	Y	Y	G	G	G	F	F	F	0	275 yd ³ /yr	12/7/89	TW 1
						G	G	G	F	F	F				

* All "NO" responses must be explained in narrative.

M E M O R A N D U M

DATE: March 26, 1990

TO: Division File

FROM: M. D. Grant 

SUBJECT: 1190200002 - Madison County
Olin Corporation - Main Plant
ILD006271696
FOS

Olin Corporation, located in East Alton, Illinois, has two manufacturing facilities referred to as the Winchester Group and the Brass Group. Small arms ammunitions, primer explosives, and other ammunition related products are manufactured by the Winchester Group. The Brass Group manufactures copper base alloy products. Regulated hazardous waste activities at this facility include storage in drums (S01), storage and treatment in tanks (S02, T01), storage in surface impoundments (S04), incineration (T03), and treatment in other devices (T04), i.e., hammermills and a rotary destruct furnace. Types of wastes generated are lead contaminated filters and baghouse dust, plating wastes, explosive wastes, wastewater treatment sludges, scrap ammo, incinerator ash, and spent solvents.

Olin is seeking Part B permits for the Zone 3 incinerator and one container storage area for mercury contaminated ammo at Site 4-2(a). All other Sites have been or will be closed. On March 8, 1990, a closure plan was submitted for the following Sites:

- Site 1-1: Bullet Plating Facility - The cyanide destruct unit system is regulated by the facility's NPDES permit and discharges to the Winchester wastewater treatment system. The waste cyanide storage area (S01) will be closed and operated under generator status. The Scrap Cyanide Treatment Tank (T01) will also be closed and operated pursuant to the generator regulations.
- Site 1-2: Machine Shop Spent Solvent Storage (S01) - This unit has been eliminated and the closure plan was included in the March 8, 1990 submittal.
- Site 1-13: Shot Tower Medium - This lead contaminated media is stored in a roll-off container (S01). After closure, this site will be a 90 day accumulation point.
- Site 1-14: Fabricating Spent Solvent Storage Area - This former spent solvent container storage area (S01) is no longer used.
- Site 1-16: Solar Bond Spent Solvent Storage - This container storage area has also been taken out of service and will no longer be used.
- Site 3-1: A tank referred to as the mix muller was used on a trial basis for fixation studies. Although the unit is currently not being used, after closure it may be used randomly under generator status.

Site 4-2(a): MFR General Storage - Four container storage areas were included in the closure plan submitted.

1. Fenced Storage Area - After closure, this area will be used for 90 days or less.
2. The Spent Solvent Storage Area will also be used as a 90 day accumulation point.
3. Two 40-foot semi trailers - They too will revert to generator status.
4. A dumpster was used to dewater the MRF sump sludge. This unit is no longer in use.

Site 4-3: Zone 4 Incinerator - This unit was shut down on November 7, 1989 and will be dismantled and disposed of during closure.

Site 4-7: T-400 Spent Solvent Storage - This storage area has not been used since 1983.

On October 24, 1988, the following units were closed:

Site 1-9: Lab solvent accumulation area.

Site 1-11: This closure was for the wastewater treatment sludge roll-off containers. These containers are being shipped off-site within 90 days.

Site 1-12: Tumbling media is collected in a roll-off container and is operating as a 90 day accumulation point.

Site 1-17: Since closure, this area is a satellite accumulation point for spent solvents from the Brass Maintenance Department.

Site 3-1: Incinerator ash generated from the Zone 3 incinerators is shipped off-site well within the 90 day time frame for generators.

Site 4-8: This unit is a satellite accumulation point for spent chlorinated solvent.

Site 4-9: Lead contaminated tumbling media is accumulated for less than 90 days.

A closure plan for the former ballistic sand waste piles (S03) was submitted on August 1, 1989. These units have not been present at the facility since the early 1980's.

The Zone 6 surface impoundment will also be closed, however, delayed closure is being proposed for this unit. This will allow Olin to continue using the impoundment for non-hazardous wastewater while groundwater monitoring will be on-going.

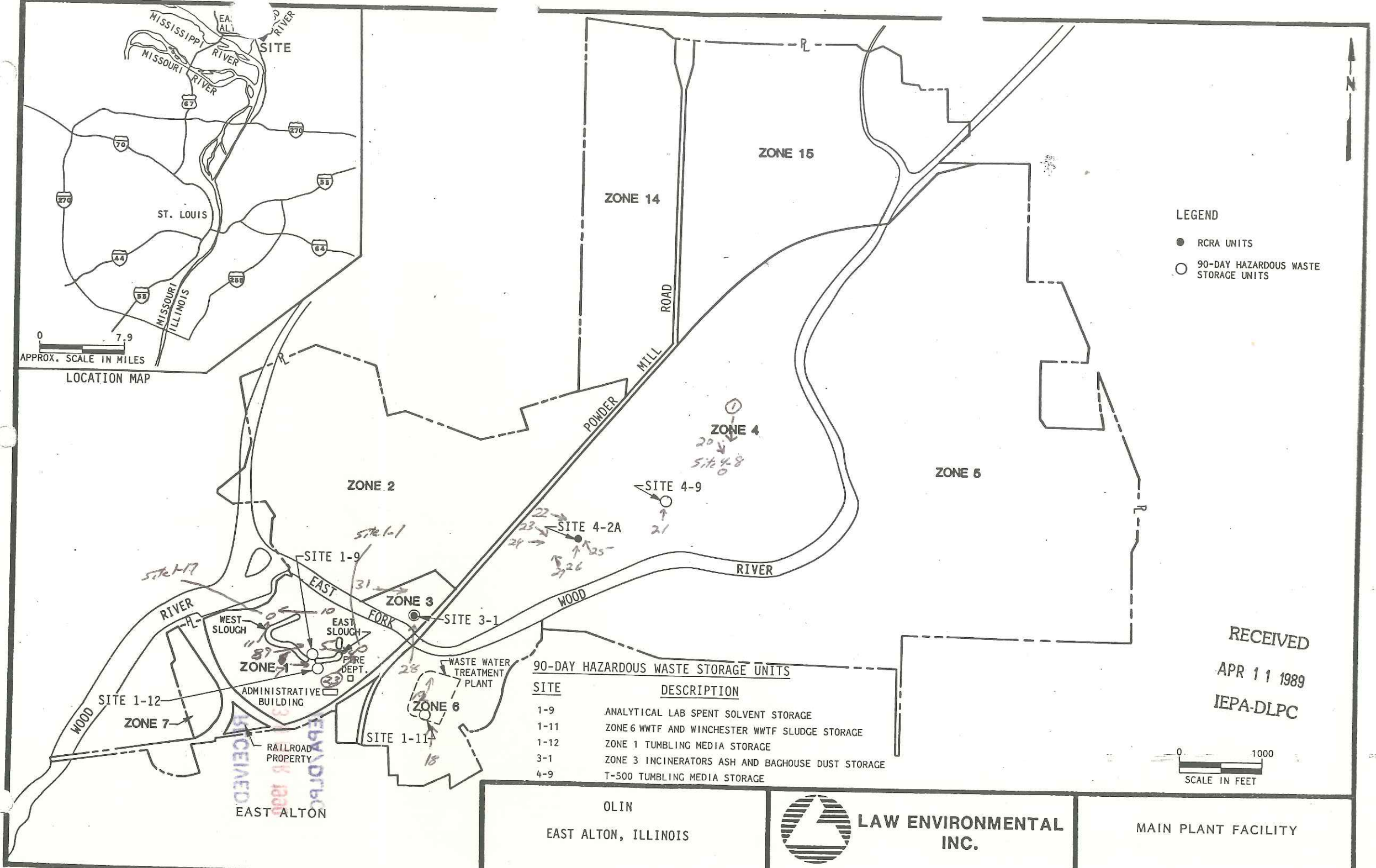
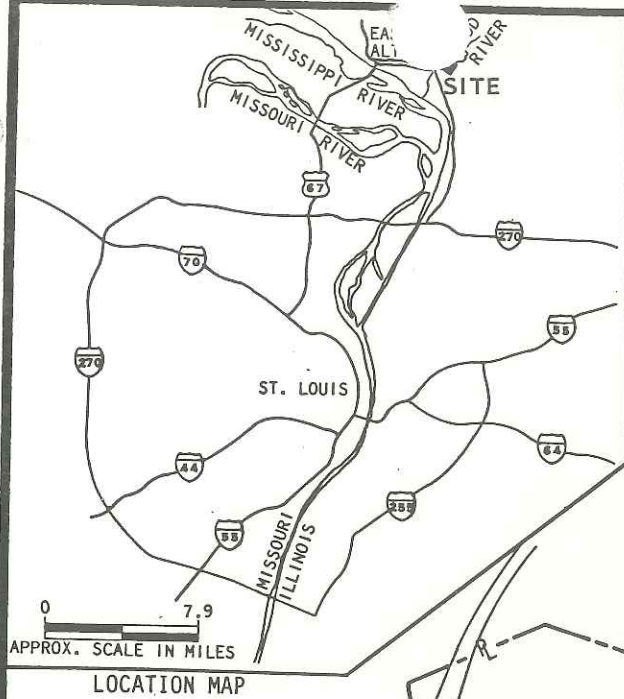
Several areas of generation have been determined to be exempt. Spent acid from Zone 4-1 is being used to produce virgin acid (Section 721.104(a)(7)). Shot tower baghouse dust from Site 1-8 is sold to a lead smelter as a commercial product. Baghouse dust from the Zone 3 incinerators is being re-used as a substitute for lime in the facility's wastewater treatment plant. The hammermills and the rotary destruct furnaces at Sites 4-2(b) and (c) are no longer regulated because the wastes were reclassified as non-hazardous by the Agency, however, the Agency has not withdrawn these units from the Part A permit.

Several tanks (T01) were listed on the facility's Part A application. These tanks are referred to as kill sumps. The sumps collect explosive contaminated rinse/wastewater (K046). The wastes are rendered non-reactive and the sumps discharge to the sewer, or the waste is trucked to a holding tank at the Winchester WWTP. The tanks are considered part of the NPDES wastewater treatment system and are exempt pursuant to Section 725.101(c)(10).

The following records were reviewed: Manifests were reviewed. This included reviewing Olin's interzone manifests. Olin generates waste at the Main Plant which must be moved to the MRF (General Storage) for packaging prior to shipment off-site. Since the property is not contiguous, the waste is manifested to the MRF. Olin is regulated as a transporter, however, Olin only transports waste within their facility and from Zone 17. Waste is also manifested from the MRF to the Zone 3 incinerators and from a kill sump to the wastewater treatment plant. Other documents reviewed include waste analysis, operating records, contingency plans, inspection records and training records. Also, the Land Disposal Restriction analyses, certification and demonstrations, where applicable, were reviewed. All records were being properly maintained and updated as required with the exception of the annual training for the employees at Zone 6 (wastewater treatment) Unit. The last training update was completed in February of 1989. The 1990 training had yet to be completed, however, it was being given at the time of our inspection. On March 29, 1990, I received the 1990 training records for Zone 6. The training was completed on March 22, 1990. As a result, this violation is considered resolved and no action is deemed necessary.

The following Sites were visited:

- Site 1-1: Bullett Plating Facility (Storage and scrap cyanide treatment tank)
- Site 1-9: Lab solvent accumulation area.
- Site 1-12: Tumbling media storage area.



90-DAY HAZARDOUS WASTE STORAGE UNITS

SITE	DESCRIPTION
1-9	ANALYTICAL LAB SPENT SOLVENT STORAGE
1-11	ZONE 6 WWTF AND WINCHESTER WWTF SLUDGE STORAGE
1-12	ZONE 1 TUMBLING MEDIA STORAGE
3-1	ZONE 3 INCINERATORS ASH AND BAGHOUSE DUST STORAGE
4-9	T-500 TUMBLING MEDIA STORAGE



LAW ENVIRONMENTAL
INC.

MAIN PLANT FACILITY



Illinois Environmental Protection Agency

2009 Mall Street, Collinsville, Illinois 62234

618/346-6100

Refer to: 1190200002 - Madison County/
East Alton/Olin Corporation - Main Plant
IL15006271696
FCS

March 21, 1990

Wayne Gailer
Olin Corporation
427 North Shamrock Street
Bldg. 12
East Alton, Illinois 62024-1174

Dear Mr. Gailer:

Enclosed, please find copies of the photographs taken at your facility during the March 20 and 22, 1990 inspection. If you have any questions, feel free to call me at 618/346-6100.

Sincerely,

ENVIRONMENTAL PROTECTION AGENCY

Michael D. Grant
Environmental Protection Specialist
Division of Land Pollution Control

ADDJr/COL1

cc: LFC - Division File
cc: LFC - Collinsville

RECEIVED

30 MAR 1990

IEPA/DLPC

M E M O R A N D U M

DATE: March 26, 1990
TO: Tom Powell
FROM: Michael D. Grant *MDG*
SUBJECT: 1190200002 - Madison County
East Alton/Olin Corporation - Main Plant
ILD006271696
ESDA # 900662
FOS

Olin Corporation had a release on March 13, 1990. The release involved approximately 1200 gallons of wastewater which contained plating wastes (F006). It should be noted that the wastewater is also listed as K046, however, kill sump waste was not tributary at the time of the incident. The spill occurred at the Zone 6 wastewater treatment facility. The spill was due to the failure of a PVC tee in the line to the treatment plant facility. During the March 20, 1990 ISS inspection, Steve Noblitt and myself interviewed Mr. Mike Roark about the incident. He informed us that the flow-rate was 20-25 gallons a minute and estimated the discharge to occur for one hour. Approximately 30 yards of soil were removed and placed into roll-off containers. During our visit, the excavation was still open. The tee had been replaced with stainless steel. Samples were taken and the facility was waiting for the analyses before backfilling. Mr. Roark indicated that he would use clean-up objectives he received from previous releases. Upon receipt of the analyses, disposal arrangements would be made. The soil will probably be shipped to Peoria Disposal Company. Since the waste is listed as F006, it will have to meet the applicable Land Disposal Treatment standards. Therefore, fixation may be required at PDC. I asked Mr. Roark to forward a copy of the analyses and manifests.

MDG:jlr/0024

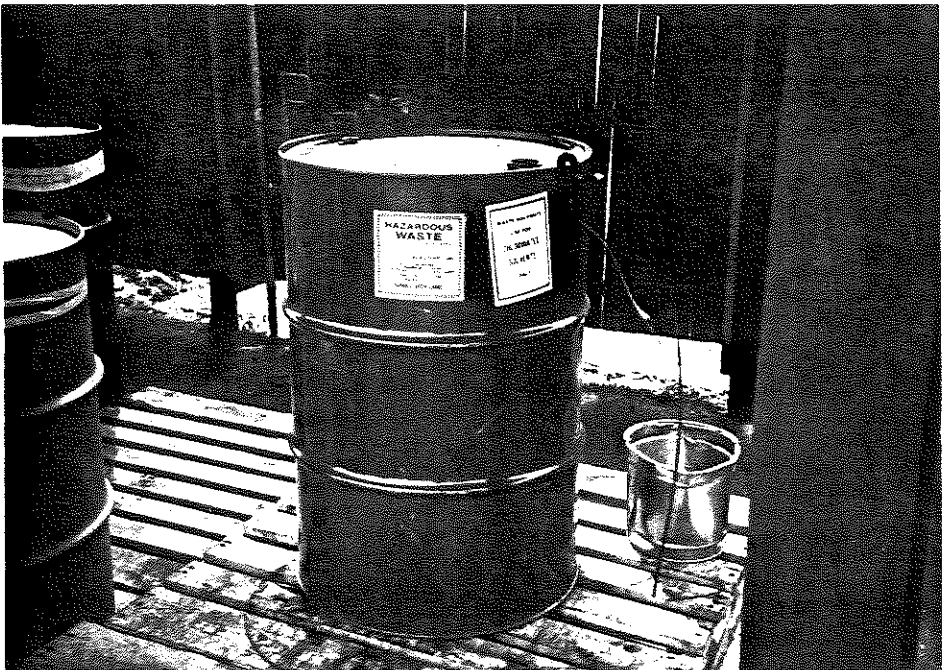
cc: LPC Division File
cc: LPC Collinsville
cc: OCS - Springfield

RECEIVED

30 MAR 1990

IEPA/DLPC

DATE: March 22, 1990
TIME: 9:30-11:30 a.m.
D. 1190200002 FOS
Madison County
East Alton/Olin Site 4-8
PHOTOGRAPH TAKEN TOWARD THE:
South
OLL# 1241 PHOTO# 1
PHOTOGRAPH BY:
MDG



DATE: _____
TIME: _____
D. _____

County _____
PHOTOGRAPH TAKEN TOWARD THE:

OLL# _____ PHOTO# _____
PHOTOGRAPH BY:

MDG:jlr

RECEIVED
30 MAR 1990
IEPA/DLPC

DATE: March 22, 1990

TIME: 9:30-11:30 a.m.

.D. 1190200002 FOS

Madison County

East Alton/Olin Site 1-1

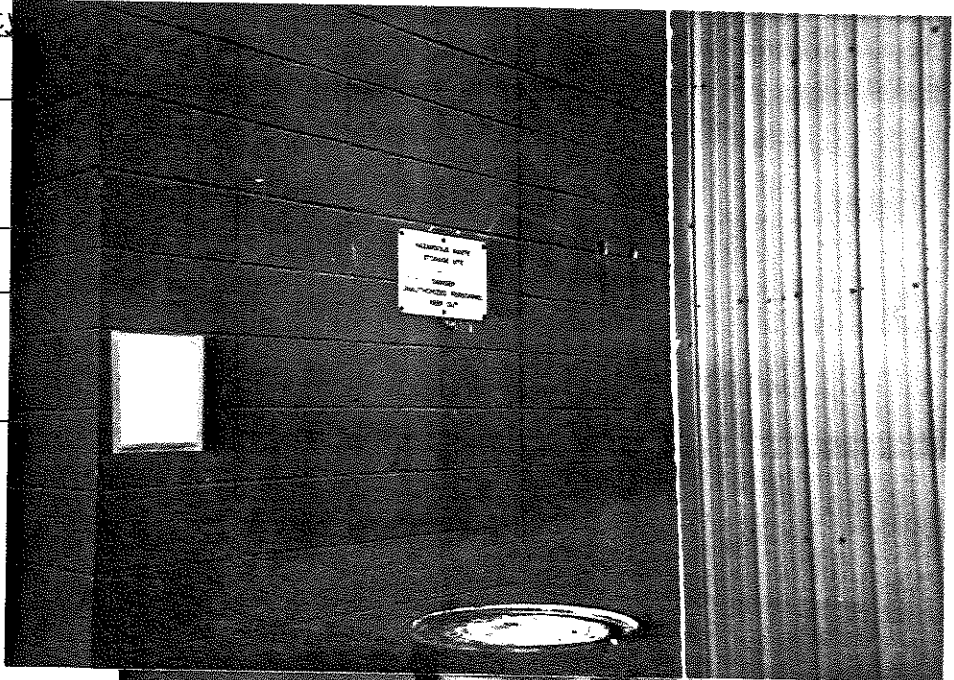
PHOTOGRAPH TAKEN TOWARD THE:

Northeast

OLL# 1241 PHOTO# 3

PHOTOGRAPH BY:

MDG



DATE: March 22, 1990

TIME: 9:30-11:30 a.m.

.D. 1190200002 FOS

Madison County

East Alton/Olin Site 1-1

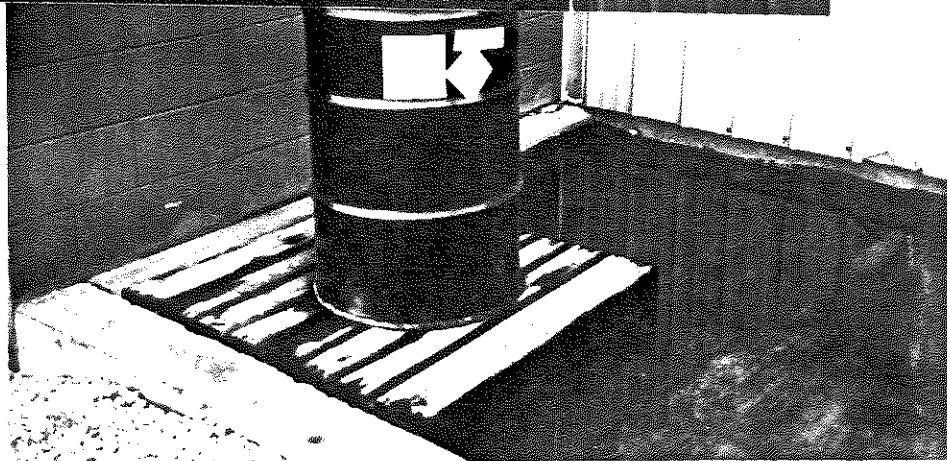
PHOTOGRAPH TAKEN TOWARD THE:

Northeast

OLL# 1241 PHOTO# 2

PHOTOGRAPH BY:

MDG



MDG:jlr

DATE: March 22, 1990

TIME: 9:30-11:30 a.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 1-1

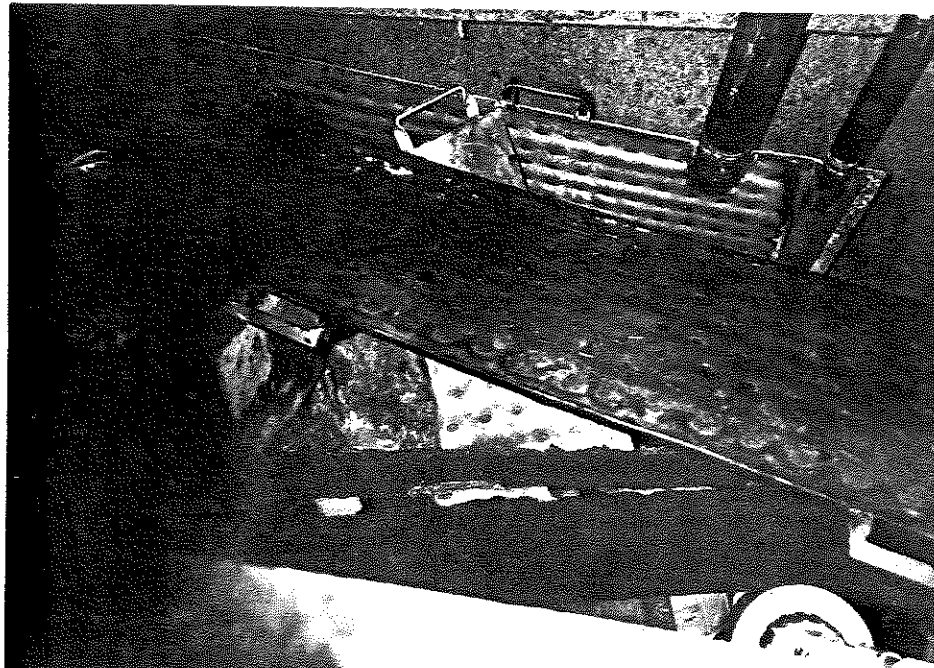
PHOTOGRAPH TAKEN TOWARD THE:

N/A

OLL# 1241 PHOTO# 4

PHOTOGRAPH BY:

Matthew J. [Signature]



DATE: March 22, 1990

TIME: 9:30-11:30 a.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 1-1

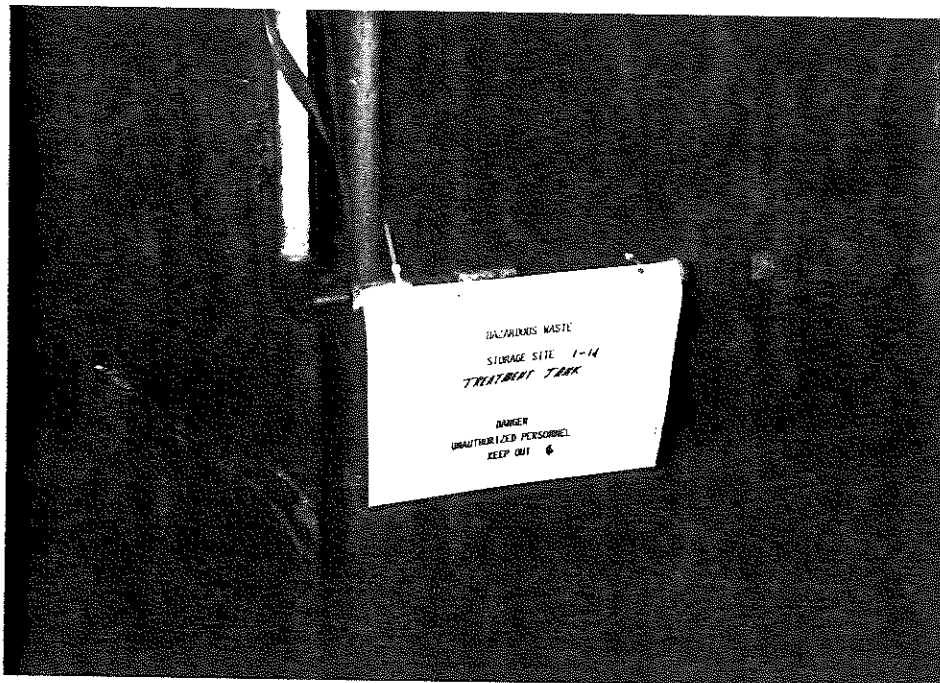
PHOTOGRAPH TAKEN TOWARD THE:

East

OLL# 1241 PHOTO# 5

PHOTOGRAPH BY:

Matthew J. [Signature]



MDG:jlr

DATE: March 22, 1990

TIME: 9:30-11:30 a.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 1-12

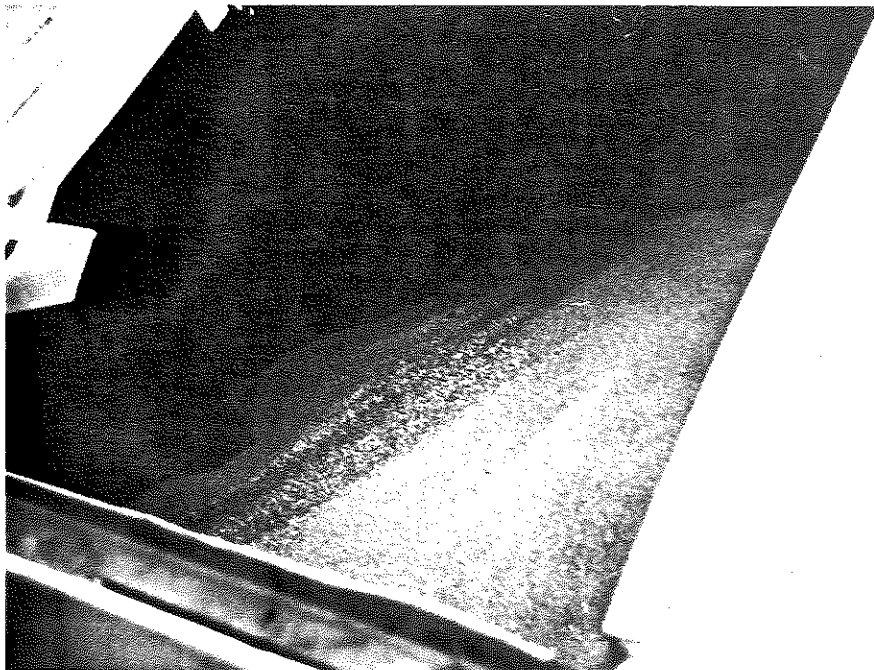
PHOTOGRAPH TAKEN TOWARD THE:

East

OLL# 1241 PHOTO# 6

PHOTOGRAPH BY:

William D. Smith



DATE: March 22, 1990

TIME: 9:30-11:30 a.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 1-12

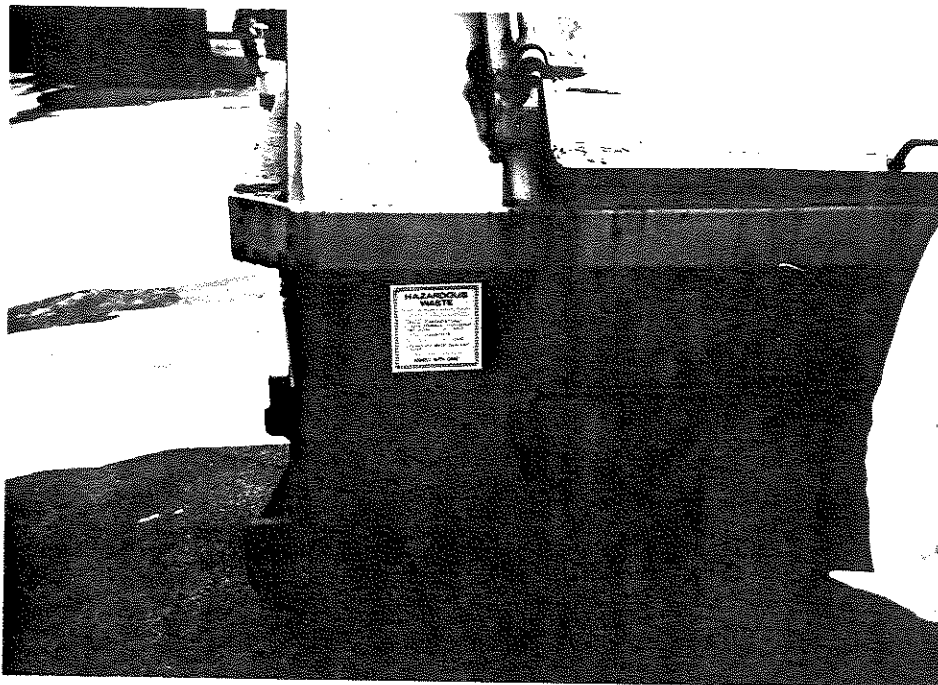
PHOTOGRAPH TAKEN TOWARD THE:

East

OLL# 1241 PHOTO# 7

PHOTOGRAPH BY:

William D. Smith



MDG:jlr

DATE: March 22, 1990
TIME: 9:30-11:30 a.m.
I.D. 1190200002 FOS
Madison County
East Alton/Olin Site 1-9
PHOTOGRAPH TAKEN TOWARD THE:
Northeast
OLL# 1241 PHOTO# 8
PHOTOGRAPH BY:
Miller

DATE: March 22, 1990
TIME: 9:30-11:30 a.m.
I.D. 1190200002 FOS
Madison County
East Alton/Olin Site 1-9
PHOTOGRAPH TAKEN TOWARD THE:
Northeast
OLL# 1241 PHOTO# 9
PHOTOGRAPH BY:
Miller

MDG:jlr



DATE: March 22, 1990

TIME: 9:30-11:30 a.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 1-17

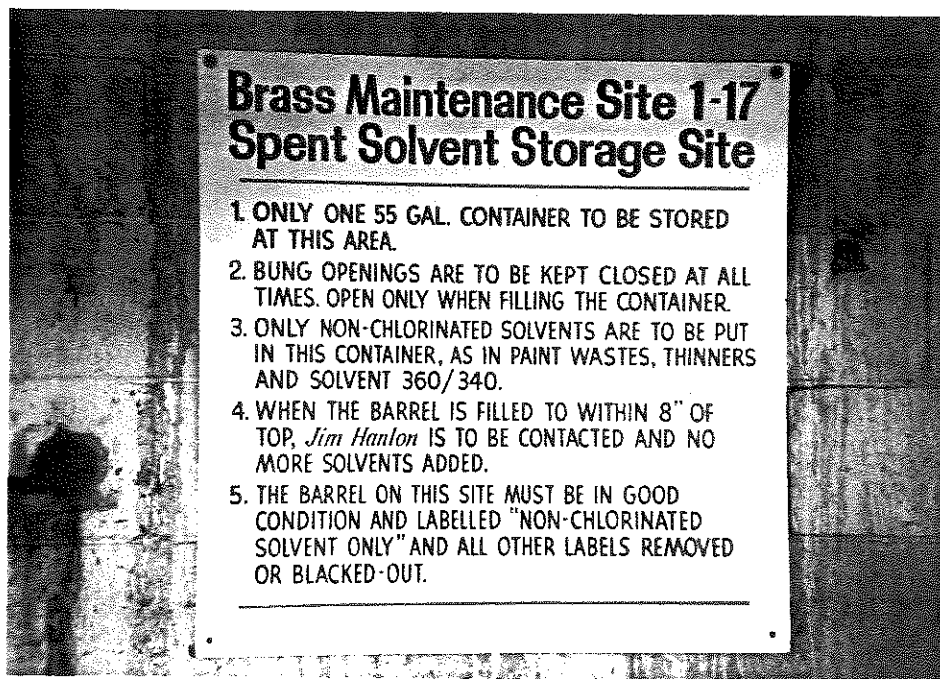
PHOTOGRAPH TAKEN TOWARD THE:

West

ROLL# 1241 PHOTO# 10

PHOTOGRAPH BY:

MDG



DATE: March 22, 1990

TIME: 9:30-11:30 a.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 1-17

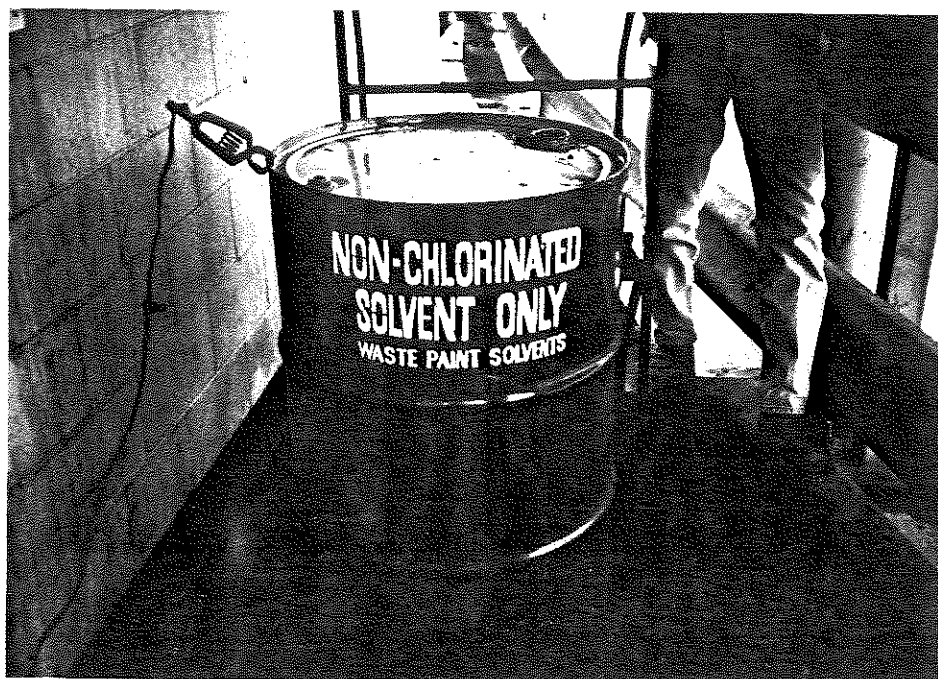
PHOTOGRAPH TAKEN TOWARD THE:

North

ROLL# 1241 PHOTO# 11

PHOTOGRAPH BY:

MDG



MDG:jlr

DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 1-11

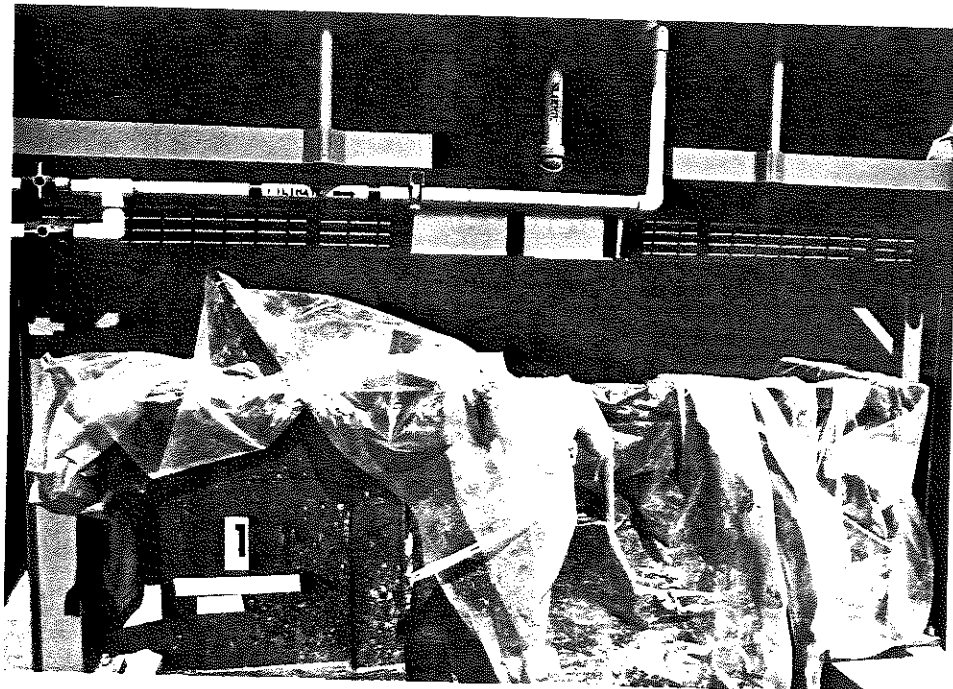
PHOTOGRAPH TAKEN TOWARD THE:

North

ROLL# 1240 PHOTO# 17

PHOTOGRAPH BY:

MDG



DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 1-11

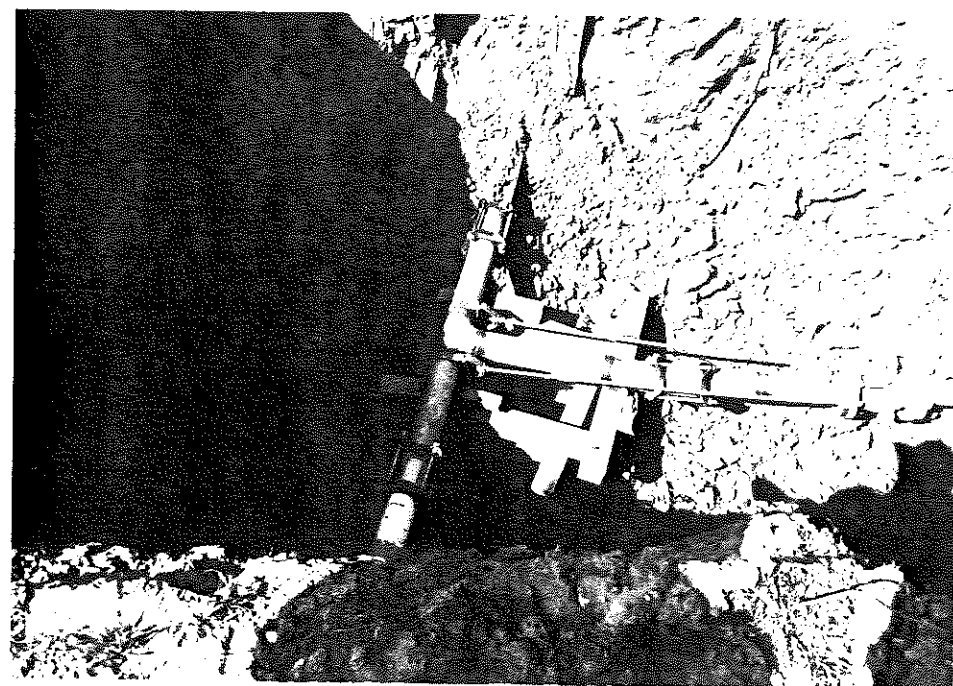
PHOTOGRAPH TAKEN TOWARD THE:

N/A

ROLL# 1240 PHOTO# 18

PHOTOGRAPH BY:

MDG



MDG:jlr

DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002

FOS

Madison

County

East Alton/Olin Site 1-11

PHOTOGRAPH TAKEN TOWARD THE:

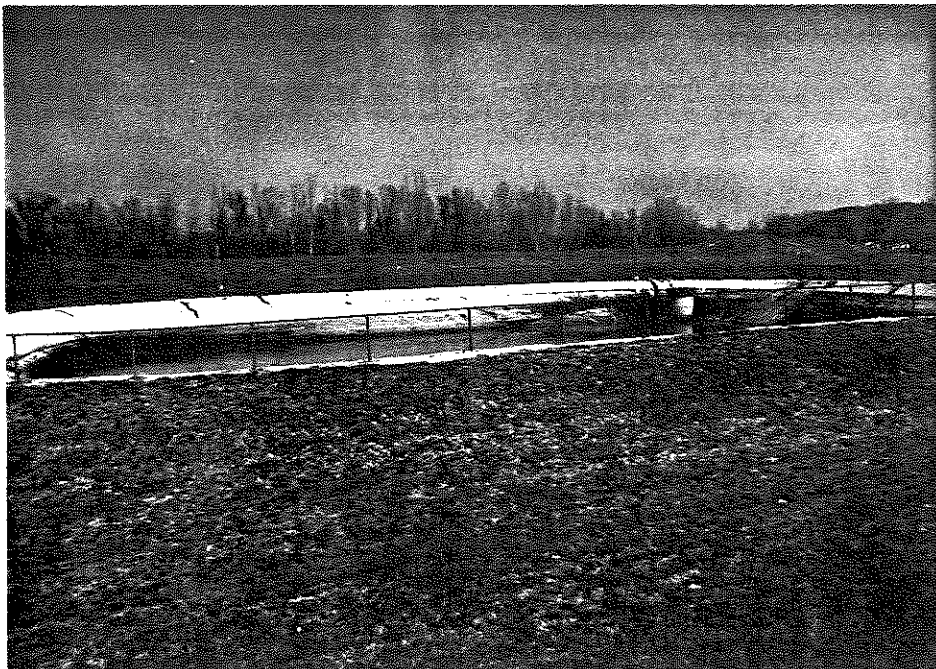
North

ROLL# 1240

PHOTO# 19

PHOTOGRAPH BY:

William D. [Signature]



DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002

FOS

Madison

County

East Alton/Olin Site 4-8

PHOTOGRAPH TAKEN TOWARD THE:

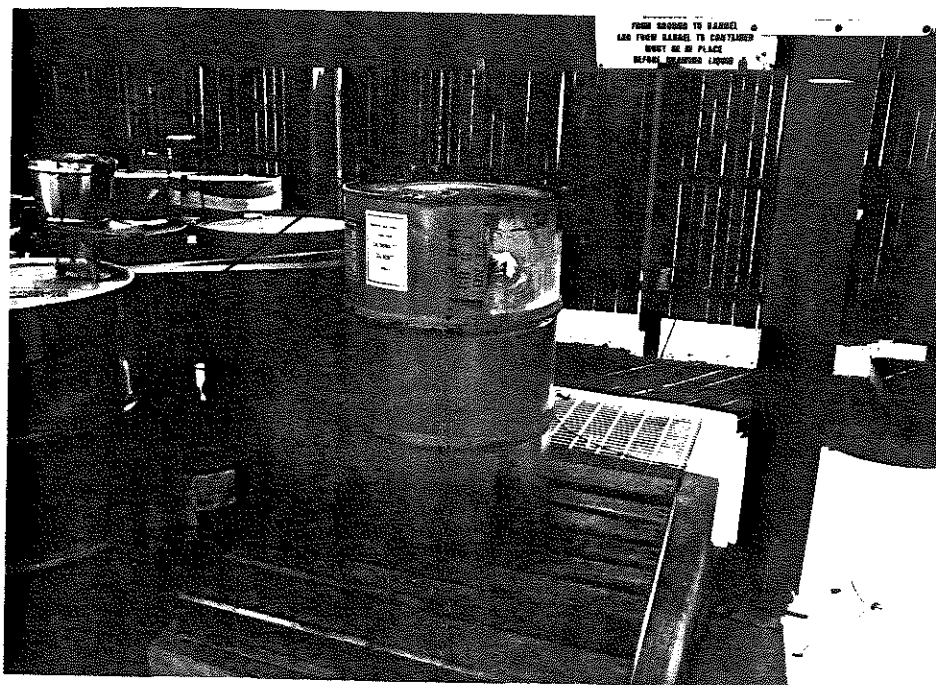
Southeast

ROLL# 1240

PHOTO# 20

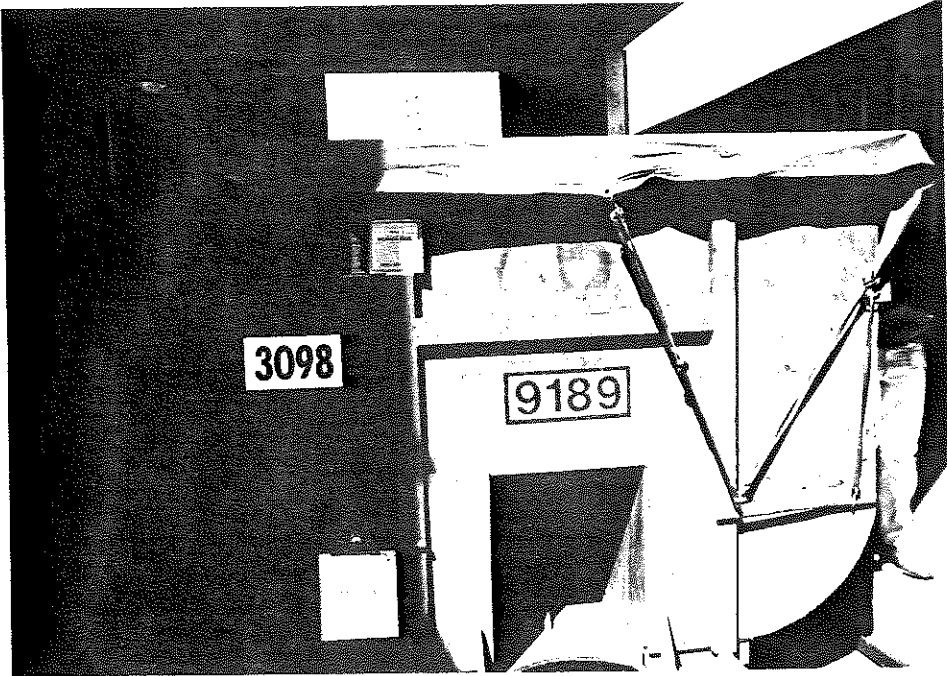
PHOTOGRAPH BY:

William D. [Signature]



MDG:jlr

TE: March 20, 1990
ME: 1:00-3:00 p.m.
D. 1190200002 FOS
Madison County
East Alton/Olin Site 4-9
OTOGRAPH TAKEN TOWARD THE:
North
LL# 1240 PHOTO# 21
OTOGRAPH BY:
mill D 21



TE: _____
ME: _____
D. _____
_____ County
_____ PHOTOGRAPH TAKEN TOWARD THE:
_____ LL# _____ PHOTO# _____
PHOTOGRAPH BY:
mill D 21

DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 4-2a

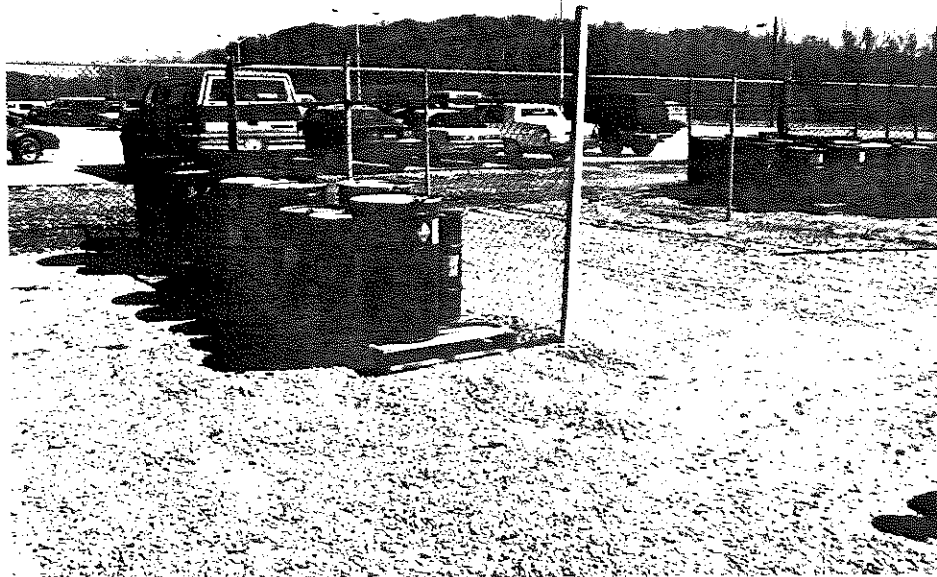
PHOTOGRAPH TAKEN TOWARD THE:

East Southeast

ROLL# 1240 PHOTO# 22

PHOTOGRAPH BY:

Will O



DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 4-2a

PHOTOGRAPH TAKEN TOWARD THE:

Southeast

ROLL# 1240 PHOTO# 23

PHOTOGRAPH BY:

Will O



MDG:jlr

DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 4-2a

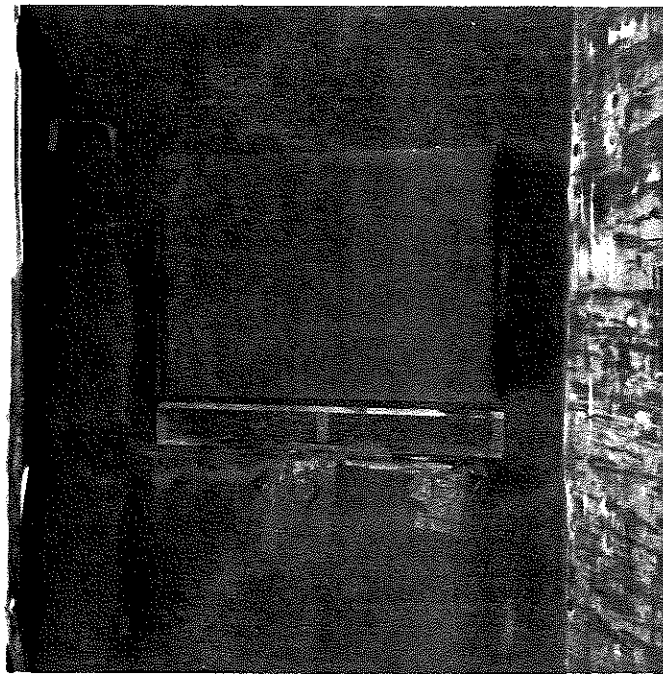
PHOTOGRAPH TAKEN TOWARD THE:

East

OLL# 1240 PHOTO# 24

PHOTOGRAPH BY:

MDG/jlr



DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Site 4-2a

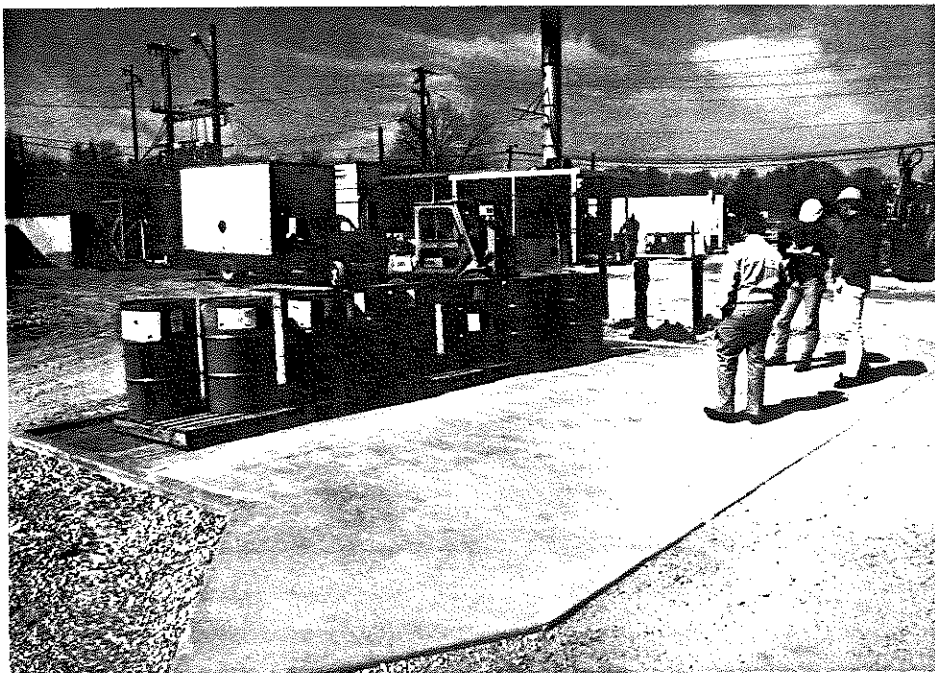
PHOTOGRAPH TAKEN TOWARD THE:

Northwest

OLL# 1240 PHOTO# 25

PHOTOGRAPH BY:

MDG/jlr



MDG:jlr

DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Zone 4 Incinerator

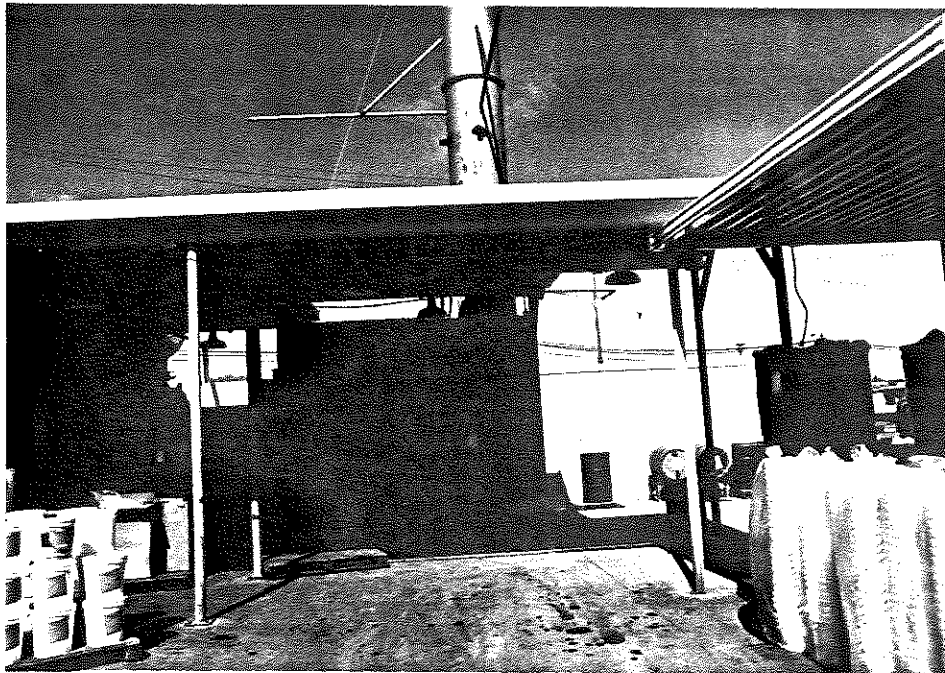
PHOTOGRAPH TAKEN TOWARD THE:

North

ROLL# 1240 PHOTO# 26

PHOTOGRAPH BY:

MDG/jlr



DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Zone 4 Incinerator

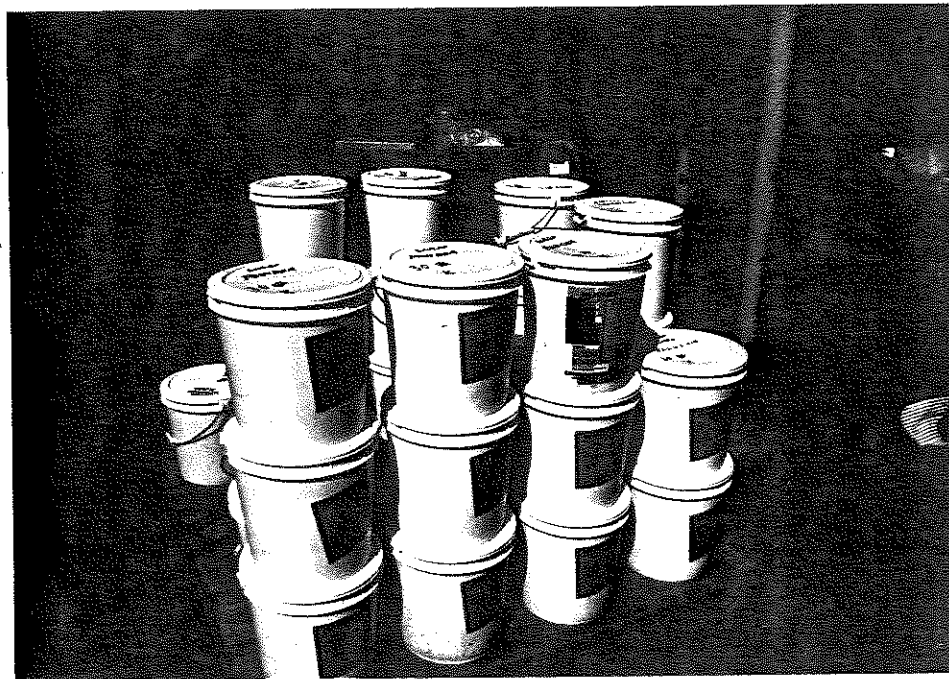
PHOTOGRAPH TAKEN TOWARD THE:

Northwest

ROLL# 1240 PHOTO# 27

PHOTOGRAPH BY:

MDG/jlr



MDG:jlr

DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Zone 3 Incinerator

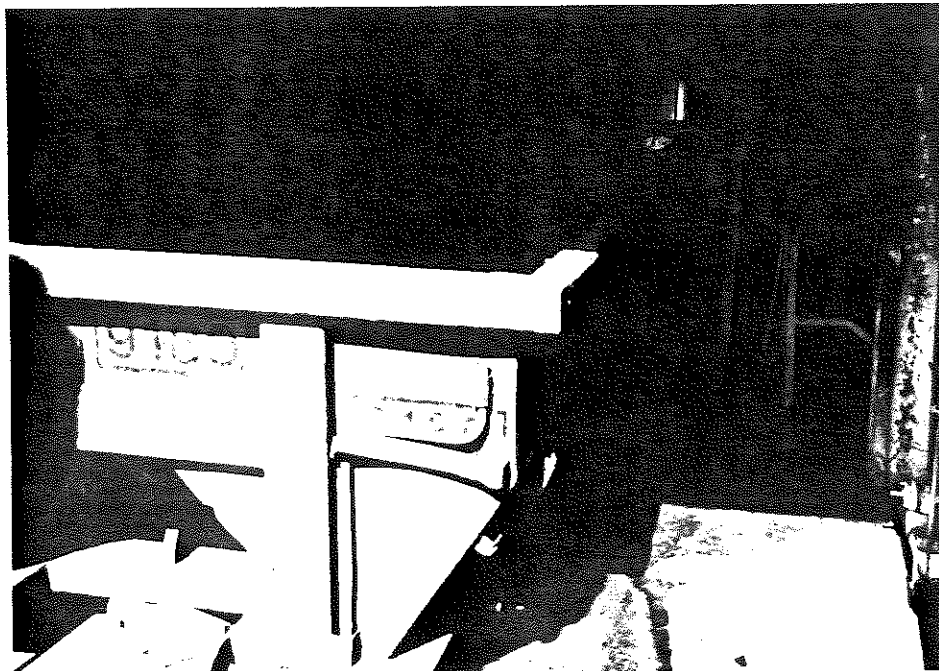
PHOTOGRAPH TAKEN TOWARD THE:

North

ROLL# 1240 PHOTO# 28

PHOTOGRAPH BY:

MDG



DATE: March 20, 1990

TIME: 1:00-3:00 p.m.

I.D. 1190200002 FOS

Madison County

East Alton/Olin Zone 3 Incinerator

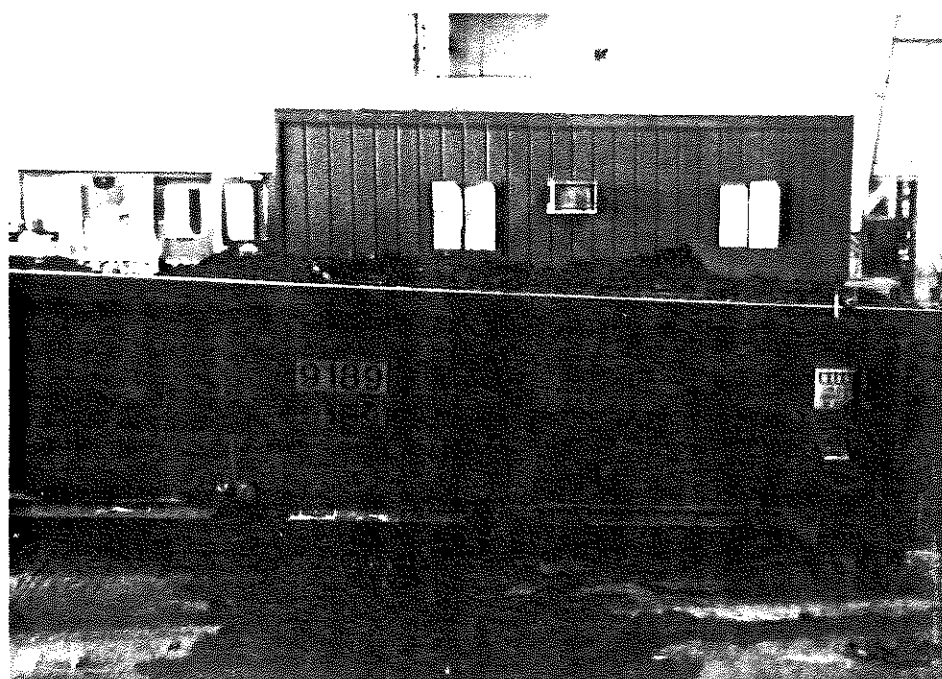
PHOTOGRAPH TAKEN TOWARD THE:

East

ROLL# 1240 PHOTO# 31

PHOTOGRAPH BY:

MDG



MDG:jlr

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			PART 722 GENERATOR STANDARDS Subpart A: General Section 722.111: Hazardous Waste Determination Has the generator determined if the solid waste it generates is a hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Did the generator follow the procedures specified in this section in making its determination? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			
OTH	1			Section 722.112: USEPA Identification Number a Has the generator obtained a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c Has the generator offered his hazardous waste only to transporters or to treatment, storage or disposal facilities that have received a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			
				1190200002 - MADISON CO. EAST ALTON / OLIN CORR-MAIN PLANT ILDC006271696 CEI MARCH 20-22 1190				

GEN-A-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
MAN	2			PART 722 GENERATOR STANDARDS Subpart B: The Manifest.	X			
				Section 722.120: General Requirements				
			a	Has the generator who transports, or who offers its hazardous waste for transportation off-site for treatment, storage or disposal prepared a uniform hazardous waste manifest? Yes <u>X</u> No <u> </u>				
			b	Did the generator designate on the manifest one facility which is permitted to handle the hazardous waste therein described? Yes <u>X</u> No <u> </u>				
				Note: If the generator has not used a manifest, check "No" in the Apparent Compliance Column and skip to 722.130. Note: The generator may also designate an alternate facility permitted to handle the hazardous waste in the event an emergency prevents delivery of the hazardous waste to the primary designated facility.				
			d	In any instances where the transporter was unable to deliver the hazardous waste to the designated or alternate permitted facility, has the generator designated another permitted facility or instructed the transporter to return the waste? Yes <u>X</u> No <u> </u>				<i>WASTE WATER TREATMENT SLUDGE RETURNED TO THE FACILITY DUE TO WETNESS OF SLUDGE</i>

GEN-B-1

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub	Sec		Yes	No		
MAN	2				Section 722.121: Acquisition of Manifests	<input checked="" type="checkbox"/>			
			a		Did the generator use the manifest supplied by the Agency for hazardous waste going for treatment, storage or disposal in Illinois? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			b		For hazardous waste going outside Illinois for treatment, storage or disposal, has the generator used the manifest supplied by the Agency if the State to which the hazardous waste is being shipped does not supply and require the completion of its own State manifest?				
					or				
					For hazardous waste going outside Illinois for treatment, storage or disposal, has the generator used the manifest required by the State to which the hazardous waste is being shipped? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
MAN	2				Section 722.122: Number of Copies	<input checked="" type="checkbox"/>			
					Does the manifest the generator is using consist of at least six copies (plus one copy for each additional transporter)?				
MAN	2				Section 722.123: Use of the Manifest	<input checked="" type="checkbox"/>			
					For each manifest received, has the generator:				
			1)		Signed the certificate by hand? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			2)		Obtained the handwritten signature and the date of acceptance by the initial transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>3) Retained one copy as required by Section 722.140(a), Recordkeeping? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>4) Apparently sent a copy (Part 5 for Illinois manifests) to the Agency within two working days? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: Obtain a copy of any manifest which is not in compliance with the requirements of this subsection. If copies are unobtainable, log manifest #s.</p> <p>b Has the generator apparently given the remaining copies of the manifest to the transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>c Has the generator followed the procedures prescribed in Section 722.123(c) for manifesting bulk shipments of hazardous waste by water? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>d Has the generator followed the procedures prescribed in Section 722.123(d) for manifesting bulk shipments of hazardous waste by rail? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>				

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
OTH	1	X			PART 722 GENERATOR STANDARDS Subpart C: Pre-Transport Requirements Section 722.130: Packaging Is waste which is ready for transportation off-site packaged in accordance with 49 CFR, Parts 173, 178 and 179?	<input checked="" type="checkbox"/>			
					Section 722.131: Labeling Is each package of hazardous waste which is ready for transportation off-site labeled in accordance with 49 CFR Part 172?	<input checked="" type="checkbox"/>			
OTH	1	X			Section 722.132: Marking a Is each package of hazardous waste which is ready for transportation off-site marked in accordance with 49 CFR Part 172? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			
					b Is each package of hazardous waste which is ready for transportation off-site marked with: - The generator's name and address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - The manifest document number associated with the container? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - The words "Hazardous Waste - Federal Law Prohibits Improper Disposal. If found contact the nearest police, or public safety authority or the U.S. Environmental Protection Agency"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

GEN-C-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			Section 722.133: Placarding Does the generator have, for the waste it generates, the proper placards to: - Placard the transport vehicle, or - Offer to the first transporter, according to 49 CFR, Part 172, Subpart F? <u>NOTE:</u> If the placards are provided by the transporter, then mark the N/A Column and use Comment field to explain.	X			
OTH	1	X		Section 722.134: Accumulation Time <u>NOTE:</u> If the TSD checklist will be completed and the facility only accumulates wastes for 90 days or less for Section 722.134 complete page GEN-C-2(a) then skip to TSD checklist. <u>NOTE:</u> A generator who is also a TSD would be subject to this section for any waste which is not identified for storage on the facility's Part A, or which is being accumulated outside a "permitted" storage area. a For waste in containers, has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart I: Use and Management of Containers listed below: <u>NOTE:</u> If no wastes in containers, mark "N/A" and skip to Section 725.291 of the Generator checklist.	X			

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.		
			Sub Sec	Yes		No					
OTH	1	X			Section 722.134: Accumulation Time	<input checked="" type="checkbox"/>			OLIN GEN HAS INTERIM STATUS FOR STORAGE REQUIREMENTS FOR STORAGE ARE ADDRESSED IN PART 725.		
					a1	For waste in containers, has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart I?					
						and/or					
						For waste in tanks, has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subpart J except Section 725.297(c) and 725.300? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
			a2	For waste in containers, has the generator marked and made visible for inspection on each container, the date upon which accumulation began? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>							
			a3	For waste in containers and tanks, has the generator marked or labeled each with the words "Hazardous Waste"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
			a4	Has the generator complied with the requirements of 35 Ill. Adm. Code 725, Subparts C and D, and Section 725.116? Yes <input type="checkbox"/> No <input type="checkbox"/> See 725							

GEN-C-2(a)

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p align="center">SATELLITE ACCUMULATION</p> <p>c1 Is the generator who accumulates hazardous waste in containers at or near any point of generation where wastes initially accumulate and which is under the control of the operator of the process generating the waste:</p> <ul style="list-style-type: none"> - Limiting such accumulation to 55 gallons (one quart of acutely hazardous waste listed in 35 Ill. Adm. Code 721.133)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - Complying with the requirements of: <ol style="list-style-type: none"> 1) 35 Ill. Adm. Code 725.271, Condition of Containers? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2) 35 Ill. Adm. Code 725.272, Compatibility of Waste with Containers? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 3) 35 Ill. Adm. Code 725.273(a), Management of Containers - requiring that the containers be stored closed except when waste is being added or removed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - Marking the containers with the words "Hazardous Waste" or with words that identify the contents of the containers? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 				<p>DRUM LOCATED AT 4-B WAS OBSERVED LEAKING DURING THE 3/20/90 PORTION OF THE INSPECTION. THAT DRUM WAS REPLACED WITH ONE OF BETTER INTEGRITY BEFORE THE 3/22/90 PORTION OF THE INSPECTION THEREBY RESOLVING THE VIOLATION</p>

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
			c2	<p>Has the generator who accumulates more than 55 gallons (one quart of acutely hazardous waste listed in 35 Ill. Adm. Code 721.133(e)) with respect to the amount of excess waste, complied with the requirements in Section 722.134(a) within three days? Yes _____ No _____ N/A <u>X</u></p> <p>Are the containers with the excess amounts marked with the date accumulation began? Yes _____ No _____ N/A <u>X</u></p> <p>During the three day period, is the generator continuing to comply with the requirements of Section 722.134(c)(1)? Yes _____ No _____ N/A <u>X</u></p>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			PART 722 GENERATOR STANDARDS Subpart D: Recordkeeping and Reporting Section 722.140: Recordkeeping Has the generator retained for a period of three years:	<input checked="" type="checkbox"/>			
			a - A copy of each signed manifest? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
			b	- A copy of each annual report? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	- A copy of each exception report? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			c	- Copies of test results, waste analyses or other determinations made in accordance with Section 722.111? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			d	Does a generator who is involved in any unresolved en- forcement action continue to maintain the records required in 722.140(a) thru (c)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			d	If the Director has requested that the records required in 722.140(a) thru (c) be maintained for a period longer than three years, has the generator continued to maintain them? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				

GEN-D-1

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub	Sec		Yes	No		
OTH	2				<p>Section 722.141: Annual Reporting</p> <p>Has the generator who ships waste off-site to a treatment, storage or disposal facility within the United States prepared and submitted a copy of an annual report, as supplied by the Agency, to the Agency by March 1 for the preceeding calendar year?</p> <p>NOTE: A generator who treats, stores or disposes of hazardous waste on-site must also submit an annual report as a TSD in accordance with the requirements of 35 III. Adm. Code 702, 703, 724, 725 and 40 CFR 266.</p>	<input checked="" type="checkbox"/>			
MAN	1				<p>Section 722.142: Exception Reporting</p> <p>a Has the generator who has not received a signed copy of the manifest from the designated TSD within 35 days of the date the waste was accepted by the initial transporter determined the status of its hazardous waste? Yes _____ No _____</p> <p>b Has the generator who has not received a signed copy of the manifest from the designated TSD within 45 days of the date the waste was accepted by the original transporter submitted an exception report to the Director? Yes _____ No _____</p> <p>b Does any exception report submitted to the Director contain the following:</p> <ul style="list-style-type: none"> - A legible copy of the manifest for which the generator does not have confirmation of delivery; and 			<input checked="" type="checkbox"/>	

GEN-D-2

Area	Class	90 Day F/U Req	Key		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Ltr	Sub Sec		Yes	No		
OTH	1				<p>- A cover letter signed by the generator or his authorized representative explaining the efforts taken to locate the hazardous waste and the results of those efforts? Yes _____ No _____ N/A _____</p> <p>Section 722.143: Additional Reporting</p> <p>Has the generator submitted all additional reports concerning quantities and disposition of wastes as required by the Director?</p>				

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
OTH	1/2				PART 722 GENERATOR STANDARDS Subpart E: Exports of Hazardous Waste Section 722.152: General Requirements Has the facility made any shipments of hazardous waste outside the United States? Yes _____ No _____ NOTE: If "No", skip Subpart E. If "Yes", answer the next question. Has the generator complied with the requirements in Sections 722.152 through 722.157? Yes _____ No _____ NOTE: If the answer is "No", explain in detail why the firm did not meet the requirements. Review the requirements prior to answering this question. When citing a violation of this Subpart, identify the specific section violated in the Narrative as well as in the Comments.			X	

GEN-E-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
MAN	1			PART 722 GENERATOR STANDARDS Subpart F: Imports of Hazardous Waste Section 722.160: Imports of Hazardous Waste			X	
			b1	Has the person importing hazardous waste met the manifest requirements of Section 722.120 except that: In place of the generator's name, address and USEPA identification number, the name and address of the foreign generator and the importer's name, address and USEPA identification number are used;				
				and				
			b2	Has the importer or his agent signed the manifest in place of the generator;				
				and				
				b2 Has the importer or his agent obtained the signature of the initial transporter? Yes ____ No ____ N/A ____				
				c Is the person importing hazardous waste using manifests obtained from the Agency? Yes ____ No ____				

GEN-F-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2	X		PART 722 GENERATOR STANDARDS Subpart G: Farmers				
				Section 722.170: Farmers Is a farmer who is disposing of waste pesticides from his own use which are hazardous wastes: - Triple rinsing each emptied pesticide container in accordance with 35 Ill. Adm. Code 727.107(b)(3), Residues of Hazardous Waste in Empty Containers? Yes ____ No ____ N/A ____ - Disposing of pesticide residue on his own farm in a manner consistent with the disposal instructions on the pesticide label? Yes ____ No ____ N/A ____ NOTE: If the answer to either of the preceeding questions is "No", the farmer is subject to the requirements of this Part (722) and to the applicable portions of 35 Ill. Adm. Code 702, 703 and 725 (724). Complete the applicable inspection form(s).			X	

GEN-G-1

Area	Class	90 Day F/U Req	Key		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Ltr	Sub Sec		Yes	No		
					<p>- Only in containers meeting the requirements of 35 Ill. Adm. Code 722.130, Packaging? Yes <u>X</u> No <u> </u></p> <p>NOTE: A "No" answer to the above questions means that the transporter is also a storer of hazardous waste subject to the requirements of 35 Ill. Adm. Code 702, 703, and 724 (725). Complete the TSD inspection form.</p>				

Area	Class	90 Day F/U Req	Key	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Ltr		Yes	No		
			Sub Sec					
MAN	1/2			PART 723 STANDARDS APPLICABLE TO TRANSPORTERS OF HAZARDOUS WASTE Subpart B: Compliance with the Manifest System and Recordkeeping	X			<i>Facility is Generator, Transporter and Storer for interzone shipments.</i>
				Section 723.120: The Manifest System				
			a	Prior to accepting hazardous waste from a generator, has the transporter received a manifest signed by the generator in accordance with the provisions of Part 722; and in the case of exports, does the manifest have attached to it the cable sent to USEPA from the U.S. Embassy in a receiving country that acknowledges the written consent of the receiving country to accept the hazardous waste and describes the conditions of the receiving country's consent to the shipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	Prior to transporting hazardous waste, has the transporter apparently: <ul style="list-style-type: none"> - Signed and dated the accompanying manifests? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - Returned a signed copy to the generator before leaving the generator's property? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 				
			c	Does the manifest (including the USEPA acknowledgement of consent) apparently remain with the load of hazardous waste during transport? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d		Has the transporter who delivers hazardous waste to another transporter or to the designated facility:						

TR-B-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				1) Apparently obtained the date of delivery and the handwritten signature of the transporter or designated facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<i>No waste transported out of the US.</i>
				2) Retained one copy of the signed manifest in accordance with Section 723.122? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				3) Apparently given the remaining copies of the manifest to the accepting transporter or designated facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			e	Has the transporter followed the procedures prescribed in Section 723.120(e) for manifesting bulk shipments of hazardous waste by water? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
			f	Has the transporter followed the procedures prescribed in Section 723.120(f) for manifesting shipments of hazardous waste involving rail transportation? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
			g	Has the transporter who transports hazardous waste out of the United States: 1) Indicated on the manifest the date the hazardous waste left the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
				2) Signed the manifest and retained one copy in accordance with the requirements in Section 723.122(c)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
MAN	1			3) Apparently returned a signed copy of the manifest to the generator? Yes ____ No ____	X			
			4) Apparently given a copy of the manifest to a U.S. Customs official at the point of departure from the United States? Yes ____ No ____					
				Section 723.121: Compliance with the Manifest Has a transporter received waste from a Reduced Requirements generator? Yes ____ No <u>X</u>				
				NOTE: If "No", skip Section 723.121. If "Yes", answer the following questions: Is the waste being transported pursuant to a reclamation agreement provided for in 35 IAC 722.120(e)? Yes ____ No ____				
				AND				
				If "Yes", is the transporter recording on a log or shipping paper:				
				1) Name, address and USEPA ID number of the generator of the waste;				
				AND				
				2) Quantity of waste accepted;				
				AND				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p>3) All shipping information required by U.S.D.O.T;</p> <p>AND</p> <p>4) The date the waste is accepted? Yes ____ No ____</p> <p>AND</p> <p>Does the transporter carry this record when transporting waste to the reclamation facility? Yes ____ No ____</p> <p>AND</p> <p>Does the transporter retain these records for a period of three years after termination or expiration of the agreement? Yes ____ No ____</p> <p>Has the transporter delivered the entire quantity of hazardous waste accepted from the generator or other transporter to:</p> <p>1) The designated facility on the manifest? Yes ____ No ____</p> <p>OR</p> <p>2) The alternate designated facility if the hazardous waste cannot be delivered to the designated facility because an emergency prevented delivery? Yes ____ No ____ N/A ____</p> <p>OR</p>				

TR-B-4

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.		
			Sub Sec		Yes	No				
OTH	2			3) The next designated transporter? Yes _____ No _____ N/A _____ OR 4) The place outside the United States designated by the generator? Yes _____ No _____ N/A _____ <u>NOTE:</u> A "No" answer can still be in compliance.				<i>Waste is transferred by Olin drivers to Olin sites located in East Alton</i>		
			b	In any case where the transporter could not deliver the hazardous waste to the facility designated on the manifest, did the transporter contact the generator for further directions and then revise the manifest according to the generator's instructions? Yes _____ No _____ N/A _____						
				Section 723.122: Recordkeeping						
			a	Has the transporter kept a copy of each completed, signed manifest for a period of three years from the date the hazardous waste was accepted by the initial transporter? Yes <input checked="" type="checkbox"/> No _____						
			b	Has the transporter followed the procedures prescribed in Section 723.122(b) for recordkeeping for bulk shipments of hazardous waste by water? Yes _____ No _____ N/A <input checked="" type="checkbox"/>						
			c	Has the transporter followed the procedures prescribed in Section 723.122(c) for shipments of hazardous waste by rail within the United States? Yes _____ No _____ N/A <input checked="" type="checkbox"/>						

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
			d	<p>Has the transporter who transports hazardous waste out of the United States kept a copy of each manifest indicating that the hazardous waste left the United States for a period of three years from the date the waste was accepted by the initial transporter?</p> <p>Yes ____ No ____ N/A <u>X</u></p>				
			e	<p>Does a transporter who is involved in any unresolved enforcement action continue to maintain the records required in 723.140(a) thru (d)?</p> <p>Yes ____ No ____ N/A <u>X</u></p>				
				OR				
			e	<p>If the Director has requested that the records required in 722.140(a) thru (c) be maintained for a period longer than three years, has the transporter continued to maintain them?</p> <p>Yes ____ No ____ N/A <u>X</u></p>				

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
OTH	1				PART 723 STANDARDS APPLICABLE TO TRANSPORTERS OF HAZARDOUS WASTE Subpart C: Hazardous Waste Discharges Section 723.130: Immediate Action			X	
				a	Did a transporter who has had an incident where hazardous waste was discharged from the transport vehicle, vessel or aircraft take appropriate immediate action to protect human health and the environment (for example, notify local authorities, dike the discharge area)? Yes ____ No ____				
				c	Did the transporter who had discharged hazardous waste give notice and prepare a written report as required in Section 723.130(c) and (d)? Yes ____ No ____			X	
OTH	1	X			Section 723.131: Discharge Clean-Up After a discharge of hazardous waste did the transporter: <ul style="list-style-type: none"> - Clean-up the discharge? Yes ____ No ____ - Take such action as may be required or approved by Federal, State or local officials so that the hazardous waste no longer presents a hazard to human health or the environment? Yes ____ No ____ 				

Area	Class	90 Day F U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			PART 703 RCRA PERMIT PROGRAM Subpart B: Prohibitions Section 703.121: RCRA Permits				
			a	Is any person(s) conducting any hazardous waste storage, hazardous waste treatment or hazardous waste disposal operation doing so only: 1) With a RCRA permit for the HWM facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2) In conformance with all conditions imposed by the RCRA permit? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>			
			b	Do the owner and operator of hazardous waste management units have permits during the active life of the unit (including the closure period)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	Do the owners and operators of any hazardous waste unit which closed after January 26, 1982 have a permit during any post-closure period required under 35 Ill. Adm. Code 724.217 Post Closure Care and Use of Property and during any compliance period or any extension of that compliance period specified under 35 Ill. Adm. Code 724.196, Compliance Period? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
OTH	1			PART 703 RCRA PERMIT PROGRAM Subpart C: Authorization by Rule and Interim Status Section 703.150: Application by Existing HWM Facilities and Interim Status Qualifications	<input checked="" type="checkbox"/>			
			a	<p>Has the owner or operator of an existing HWM facility or of a HWM facility in existence on the effective date of statutory or regulatory amendments that render the facility subject to the requirement to have a RCRA permit submitted Part A of the permit application to the Agency no later than the following times, whichever comes first:</p> <p>1) Six months after the date of publication of regulations which first require the owner or operator to comply with standards in 35 Ill. Adm. Code 725? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>2) Thirty days after the date the owner or operator first becomes subject to the standards in 35 Ill. Adm. Code 725? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>3) By March 27, 1987 for generators who generate more than 100, but less than 1000 kg of waste in a calendar month and treat, store, or dispose of these wastes on-site? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>				

PER-C-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
OTH	1			<p>Section 703.151: Application by New HWM Facilities</p> <p>For a new HWM facility, has the facility complied with the requirements of this section? Specifically, has the facility submitted Part A and Part B of the permit application 180 days before physical construction has commenced? Yes _____ No _____</p> <p>Is the facility only operating with a RCRA permit? Yes _____ No _____</p> <p>NOTE: This violation should be cited in the CIL only after receiving approval from headquarters.</p>			/	
OTH	1			<p>Section 703.152: Amended Part A Application</p> <p>Has the owner or operator of a HWM facility with interim status filed an amended Part A permit application with the Agency:</p> <p>1) No later than the effective date of revised regulations under 35 Ill. Adm. Code 721, Identification and Listing of Hazardous Waste, listing or identifying additional hazardous waste which the HWM facility is handling? Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>2) As necessary to comply with the provisions of Section 703.155, Changes During Interim Status? Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>NOTE: The owner or operator of a facility who fails to comply with the updating requirements of this section does not receive interim status as to the wastes not covered by duly filed Part A applications.</p>	X			<p>THE FACILITY IS CURRENTLY OPERATING UNDER ITS EXISTING 11/18/80 PFA APPROVAL. OTHER REGULATIONS, INCLUDING THE NEW RECENT 11/18/80 PFA, HAVE BEEN SUBMITTED TO THE CIL FOR REVIEW AND APPROVAL.</p>

Area	Class	90 Day F U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub	Sec		Yes	No		
OTH	1				Section 703.154: Prohibitions During Interim Status During interim status, has the facility refrained from: <ul style="list-style-type: none"> a - Treating, storing or disposing of hazardous waste not specified in Part A of the permit application? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> b - Employing processes not specified in Part A of the permit application? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c - Exceeding the design capacities specified in Part A of the permit application? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 	<input checked="" type="checkbox"/>			
OTH	1				Section 703.155: Changes During Interim Status NOTE: Section 703.155(a), (b) and (c) reiterate in more detail the requirement that a HWM facility submit and, in the case of (b) and (c) that the Agency approve, amendments to the Part A permit application prior to the facility conducting the activity or receiving new hazardous waste. A "No" answer to any of the questions under Section 703.154 means the facility is also in apparent non-compliance with this section. Did the owner or operator submit a revised Part A permit application not later than 90 days prior to changes in operational control or ownership of the HWM facility? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart A: General Provisions Section 725.101: Purpose, Scope and Applicability Does the facility qualify for any of the exemptions under Section 725.101(c)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NOTE: If "Yes", explain in narrative. d Has the firm managed hazardous waste with the following hazardous waste numbers: F020, F021, F022, F023, F026 or F027 in compliance with the requirements of 725.101(d)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			KILL SUMPS IN ZONE 4 & ZONE 1 & THE CHROMATE REDUCTION UNIT IN ZONE 1 ARE REGULATED UNDER NPDES PERMIT #1986 FC-1515 FOR THE WINCHESTER HAZARDOUS WWT UNIT.

TSD-A-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart B: General Facility Standards Section 725.111: USEPA Identification Number Has the facility obtained a USEPA identification number?	X			
OTH	1			Section 725.112: Required Notices a Has the owner or operator of a facility that has arranged to receive hazardous waste from a foreign source notified the Regional Administrator, in writing, at least four weeks in advance of the date that the waste is expected to arrive at the facility? Yes _____ No _____ N/A <u>X</u>			X	
				b Before transferring ownership or operation of a facility during its operating life, or of a disposal facility during the post-closure care period, did the owner or operator notify the new owner or operator, in writing, of the requirements of 35 Ill. Adm. Code 703, 703 and 725? Yes _____ No _____ N/A <u>X</u>				
OTH	1			Section 725.113: General Waste Analysis a1 Has the owner or operator of the facility obtained a detailed chemical analysis of each waste prior to its treatment, storage or disposal? Yes <u>X</u> No _____	X			

TSD-B-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
			a1	Does the analysis contain all the information which must be known to treat, store or dispose of the waste in accordance with this Part? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				WASTE ANALYSIS PLAN FOUND IN PART B APPLICATION
			a3	Has the analysis been repeated: A) When the operator is notified or has reason to believe that the process generating the hazardous waste has changed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> B) By off-site facilities, when the results of the inspection required in Section 725.113(a)(4) indicate that the hazardous waste received at the facility does not match the waste designated on the accompanying manifest or shipping paper? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
			a4	Has the owner or operator of an off-site facility apparently inspected each hazardous waste movement received at the facility to determine whether it matches the identity of the waste specified on the accompanying manifest or shipping paper? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			b	Has the owner or operator developed a written analysis plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NOTE: If "No", skip to 725.114. Is the written waste analysis plan available at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

TSD-B-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No
			Sub Sec		Yes	No		
				<p>Does the owner or operator follow the procedures in the written plan so as to comply with the requirements in Section 725.113(a)? Yes <u> X </u> No <u> </u></p> <p>b Does the plan specify:</p> <p>1) The parameters for which each hazardous waste will be analyzed and the rationale for the selection of these parameters? Yes <u> ✓ </u> No <u> </u></p> <p>2) The test methods which will be used to test for those parameters? Yes <u> ✓ </u> No <u> </u></p> <p>3) The sampling method which will be used to obtain a representative sample of the waste to be analyzed? Yes <u> ✓ </u> No <u> </u></p> <p>4) The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up-to-date? Yes <u> ✓ </u> No <u> </u></p> <p>5) For off-site facilities, the waste analyses that hazardous waste generators have agreed to supply? Yes <u> </u> No <u> </u> N/A <u> X </u></p>				

TSD-B-3

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>6) The methods which will be used to meet the additional analysis requirements for specific waste management methods as specified in Sections:</p> <ul style="list-style-type: none"> - 725.293 (Tanks); - 725.325 (Surface Impoundments); - 725.352 (Waste Piles); - 725.373 (Land Treatment); - 725.414 (Incinerators); - 725.475 (Thermal Treatment); - 725.502 (Chem. Phys. Bio. Treat.) <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>NOTE: Circle the specific waste management methods being employed.</p> <p>c For off-site facilities, does the plan:</p> <p>1) Describe the procedures which will be used to determine the identity of each movement of waste managed at the facility? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>2) Describe the sampling methods which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Section 725.114: Security</p> <p>Does the facility qualify for the exemption to the requirement to provide security provided in Section 725.114(a)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>				
OTH	1	X			<input checked="" type="checkbox"/>			

TSD-B-4

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>Does a non-exempt facility have either:</p> <p>b 1) A 24-hour surveillance system which continuously monitors and controls entry into the active portion of the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;">OR</p> <p>b 2) An artificial or natural barrier which completely surrounds the active portion of the facility and a means to control entry at all times thru the gate(s) or other entries to the active portion of the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>c Does a non-exempt facility have a sign, legible from a distance of at least 25 feet, with the words "Danger - Unauthorized Personnel Keep Out" at each entrance to the active portion of the facility and at other locations in sufficient numbers to be seen from any approach to the active portion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: Existing signs with legends other than the one above may be used if the legend on the sign indicates only authorized personnel are allowed to enter the active portion and that entry onto the active portion can be dangerous.</p>				

TSD-B-5

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			Section 725.115: General Inspection Requirements	<input checked="" type="checkbox"/>			
			a	Does the owner or operator inspect the facility for malfunctions, deterioration, operator errors and discharges which are causing or may lead to:				
				1) Release of hazardous waste or hazardous waste constituents to the environment; or a threat to human health? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			a	Does the owner or operator conduct these inspections often enough to identify problems in time to correct them before they harm human health or the environment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b1	Has the owner or operator developed a written schedule for inspecting all monitoring equipment, safety and emergency equipment, security devices and operating and structural equipment important to preventing, detecting or responding to environmental or human health hazards? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b2	Is the written schedule at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b3	Does the schedule identify the types of problems which are to be looked for during the inspection? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b4	Does the schedule specify at least the following minimum inspection frequency:				
				- Daily inspections of areas subject to spills? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

TSD-B-6

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>- The items and frequencies, where applicable, called for in Sections:</p> <ul style="list-style-type: none"> - 725.274 (Containers); - 725.294 (Tanks); - 725.326 (Surface Impoundments); - 725.447 (Incinerators); - 725.477 (Thermal Treatment); - 725.503 (Chem. Phys. Bio. Treat.) <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>NOTE: Circle the applicable section.</p> <p>c Has the owner or operator remedied any deterioration or malfunction of equipment or structures which the inspections reveal on a schedule which ensures that the problem does not lead to an environmental or human health hazard? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>c Where a hazard is imminent or has already occurred, has the owner or operator taken immediate action to resolve the problem? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>d Does the owner or operator record the results of inspections in a log or summary? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d Does the inspection record include:</p> <ul style="list-style-type: none"> - The date and time of the inspection? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - The name of the inspector? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 				

TSD-B-7

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			<ul style="list-style-type: none"> - A notation of the observations made? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - The date and nature of any type of corrective action? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 				
				<p>Section 725.116: Personnel Training</p> <p>Does the facility have a training program? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: If "No", skip to Section 725.117, Page TSD-B-10.</p> <p>a1 Have facility personnel who are involved with hazardous waste management successfully completed a program of classroom or on-the-job training that teaches them to perform their duties in a way that ensures the facility's compliance with the requirements of this Part? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Is the training program formalized, i.e., written down? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>a2 Is the program directed by a person who has been trained in hazardous waste management procedures? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>a3 Does the program cover, at a minimum:</p> <p>A) Procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<input checked="" type="checkbox"/>			

TSD-B-8

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>B) Key parameters for automatic waste feed cutoff systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>C) Communications or alarm systems? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>D) Response to fire or explosion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>E) Response to ground water contamination incidents? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Does the program cover the implementation of the contingency plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>b Have new employees completed the program within six months of the date of employment or assignment to a position requiring them to manage hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>c Has the facility conducted an annual review of the initial training? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>d Are the following documents and records being maintained at the facility:</p> <p>1) The job title for each position related to the management of hazardous waste and the name(s) of the employee(s) filling each job? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>				<p>Last training conducted at Site 1-11 (Farm 6) in Feb. 1989 was ongoing during the inspection. Documents were submitted March, 1990. Therefore no violation will be alleged.</p>

TSD-B-9

Area	Class	90 Day F/U Req	Key		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Ltr	Sub Sec		Yes	No		
OTH	1	X			2) A written job description for each job position above, to include the requisite skill, education or other qualifications and duties of personnel assigned to each position? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
					3) A written description of the type and amount of both initial and continuing training that will be given to each person holding a position dealing with hazardous waste management? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
					4) Records to document that the training or job experience have been given to and completed by personnel dealing with hazardous waste management? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
					e Is the facility maintaining training records of former employees who were involved in hazardous waste management for a period of at least three years? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
					Section 725.117: General Requirements for Ignitable, Reactive or Incompatible Wastes				
					a Are ignitable and reactive wastes protected from and separated from sources of ignition and reaction? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
					a Are smoking and open flames restricted to specially designated areas when ignitable or reactive waste is being handled? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

TSD-B-10

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
			a	Are "No Smoking" signs posted whenever there is a hazard from ignitable or reactive waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	Is the treatment, storage or disposal of ignitable or reactive waste and the mixture or comingling of incompatible wastes and materials being done so that it does not: <ul style="list-style-type: none"> 1) Generate extreme heat or pressure, fire, or explosion or violent reaction? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2) Produce uncontrolled toxic mists, fumes, dusts or gases in sufficient quantities to threaten human health? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 3) Produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosion? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 4) Damage the structural integrity of the device or facility containing the waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 5) Through other like means threaten human health or the environment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 				

TSD-B-11

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>Section 725.118: Location Standards</p> <p>Has the facility placed hazardous waste in a salt dome, salt bed formation, underground mine or cave after July 11, 1986?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>NOTE: A "Yes" answer is a violation of the location standard.</p>			<input checked="" type="checkbox"/>	

TSD-B-12

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X		PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart C: Preparedness and Prevention Section 725.131: Maintenance and Operation of Facility Is the facility being maintained and operated to minimize the possibility of a fire, explosion or any unplanned and sudden or non-sudden release of hazardous waste or hazardous waste constituents to: <ul style="list-style-type: none"> - Air; - Soil; or - Surface water, which would threaten human health or the environment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			
				Section 725.132: Required Equipment Is the facility equipped with the following, unless none of the hazards posed by waste handled at the facility could require a particular kind of equipment: <ul style="list-style-type: none"> a - An internal communications or alarm system capable of providing immediate emergency instructions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> b - A device such as a telephone (immediately available at the scene of operations) capable of summoning emergency assistance from local police or fire departments or State or local emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	<input checked="" type="checkbox"/>			

TSD-C-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X		Section 725.134: Access to Communications or Alarm Systems a Do all personnel involved in handling hazardous waste have immediate access to an internal alarm or emergency communication device, either directly or thru visual or voice contact with another employee, unless not required under Section 725.132? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> b If there is ever just one employee on the premises while the facility is operating, does he have immediate access to a device, such as a telephone, capable of summoning external emergency assistance, unless such a device is not required under Section 725.132? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
OTH	1	X		Section 725.135: Required Aisle Space Is the owner or operator maintaining sufficient aisle space to allow the unobstructed movement of personnel, fire equipment and decontamination equipment to any area of the facility?	<input checked="" type="checkbox"/>			
OTH	2			Section 725.137: Arrangements with Local Authorities a Has the owner or operator made or attempted to make the following arrangements as appropriate for the type of waste handled at his facility and the potential need for the services of these organizations:	<input checked="" type="checkbox"/>			CLIN MAINTAINS AN IN-PLANT FIRE DEPT, SECURITY SERVICE & MEDICAL STAFF. VERBAL AGREEMENT HAS BEEN MADE WITH THE CITY FOR MUTUAL EMERGENCY AID

TSD-C-3

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
					<p>1) Arrangements to familiarize police and fire departments and emergency response teams with the layout of the facility, properties of hazardous wastes handled at the facility and associated hazards, places where personnel would normally be working, entrances to roads inside the facility and possible evacuation routes? Yes _____ No _____ N/A <u>✓</u></p> <p>2) Where more than one police or fire department might respond to an emergency, has one been designated as the primary emergency authority with the others agreeing to provide support to the primary emergency authority? Yes _____ No _____ N/A <u>×</u></p> <p>3) Agreements with State emergency response teams, emergency response contractors and equipment suppliers? Yes _____ No _____ N/A <u>×</u></p> <p>4) Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions or releases at the facility? Yes _____ No _____ N/A <u>✓</u></p> <p>NOTE: Any "N/A" answer must be explained in the Comments.</p> <p>b Has the owner or operator documented, in the operating record, refusal of State or local authorities to enter into any or all of the above arrangements? Yes _____ No _____ N/A <u>✓</u></p>				

TSD-C-4

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart D: Contingency Plan and Emergency Procedures Section 725.151: Purpose and Implementation of Contingency Plan a Is a plan available? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NOTE: If the answer is "No", skip to 725.155. a Is the plan designed to minimize hazards to human health or the environment from fires, explosions or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface waters? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> b Have the provisions of the plan been carried out immediately whenever there was a fire, explosion or release of hazardous waste constituents which could threaten human health or the environment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>			
OTH	2			Section 725.152: Content of Contingency Plan a Does the plan describe the actions facility personnel must take to comply with Sections 725.151 and 725.156 in response to: 1) Fires? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2) Explosions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input checked="" type="checkbox"/>			

TSD-D-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>3) Unplanned sudden or non-sudden releases of hazardous waste or hazardous waste constituents to air, soil, or surface water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>c Does the plan describe the arrangements agreed to by:</p> <p>1) Local police and fire departments? N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2) Hospitals? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>3) Contractors? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>4) State and local emergency response teams? N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d Does the plan list the names, addresses and phone numbers (office and home) of all personnel qualified to act as emergency coordinators? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d Is the list of emergency coordinators up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d If more than one person is designated as an emergency coordinator is a primary coordinator designated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>e Does the plan identify:</p> <p>1) A list and physical description of all emergency equipment at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>				<p>SEE COMMENTS IN SECTION 725.137 - FACILITY MAINTAINS IN-PLANT FIRE, MEDICAL & SECURITY STAFF.</p>

TSD-D-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			2) A brief outline of the capability of each piece of emergency equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				3) The location of each piece of emergency equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			e	Is the list of emergency equipment up-to-date? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			f	Does the plan include an evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			f	Does the plan identify the signal to be used to begin evacuation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			f	Are alternate evacuation routes identified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				Section 725.153: Copies of Contingency Plan				
			a	Has a copy (and all revisions) of the contingency plan:				
				a) Been maintained at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				b) Been submitted to all local police and fire departments, hospitals, and State and local emergency response teams that may be called upon to provide emergency service? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				

TSD-D-3

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			725.154: Amendment of Contingency Plan Has the contingency plan been reviewed and, if necessary, amended whenever: a 1) Applicable regulations are revised? Yes ____ No ____ b 2) The plan fails in an emergency? Yes ____ No ____ N/A ____ c 3) The facility changes - in its design, construction, operation, maintenance or other circumstances - in a way that materially increases the potential for fires, explosions, or releases of hazardous waste or hazardous waste constituents or changes the response necessary in an emergency? Yes ____ No ____ N/A ____ d 4) The list of emergency coordinators changes? Yes ____ No ____ e 5) The list of emergency equipment changes? Yes ____ No ____			X	
OTH	2			Section 725.155: Emergency Coordinator Is there an emergency coordinator on-site or on-call at all times? Yes <u>X</u> No ____	X			

TSD-D-4

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1/2			<p>Is there an emergency coordinator familiar with all aspects of the contingency plan, all operations and activities at the facility, the location and characteristics of the wastes handled, the location of all records in the facility and the facility layout?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Does the coordinator have the authority to commit the resources to carry out the contingency plan?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Section 725.156: Emergency Procedures</p> <p>Has the facility had a release, fire or explosion?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: If the answer is "Yes", explain in detail the incident and how the facility did or did not follow the procedures described in this section. Review the requirements while completing the explanation. If the company failed to meet one or more of the requirements, check "No" in the Apparent Compliance column.</p>	<input checked="" type="checkbox"/>			
							<p>THE FACILITY EXPERIENCED A BREAK IN A LINE CARRYING WASTE WATER TO THE TREATMENT SYSTEM. SUBSEQUENTLY, 4,200 GALLONS OF (FOG) WASTE WATER WAS RELEASED. CLIN NOTIFIED IESDA SHORTLY THEREAFTER AND IMPLEMENTED APPLICABLE PORTIONS OF THE CONTINGENCY PLAN.</p>	

TSD-D-5

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
MAN	1			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart E: Manifest System, Recordkeeping and Reporting	X			<i>Baghouse Dust Tracked from RCNE 17</i>
				Section 725.171: Use of Manifest System				
				Does the facility accept waste from off-site? Yes <u>✓</u> No <u> </u>				
				NOTE: If the answer is "Yes", complete this section. If the answer is "No", check "N/A" and skip to 725.173.				
				For each manifest reviewed, did the facility:				
			a1	1) Sign and date each copy to certify that the hazardous waste covered by the manifest was received? Yes <u>✓</u> No <u> </u>				
a2	2) Note any significant discrepancies in the manifest or each copy of the manifest? Yes <u> </u> No <u> </u> N/A <u>✓</u>							
a3	3) Immediately give one copy of the completed manifest to the transporter? Yes <u>✓</u> No <u> </u>							
a4	4) Within 30 days after delivery, send one copy of the manifest to the generator and one copy to the Agency? Yes <u>✓</u> No <u> </u>							
a5	5) Retain a copy of the manifest at the facility for a period of three years from the date of delivery of the waste? Yes <u>✓</u> No <u> </u>							

TSD-E-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
MAN	2		b	<p>Has the facility followed the procedures prescribed in 725.171(b) for rail or water (bulk shipments) of hazardous waste? Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>Does the facility initiate shipments of hazardous waste? Yes <input checked="" type="checkbox"/> No _____</p> <p>NOTE: If the answer is "Yes", the facility is also a generator of hazardous waste. Complete the generator checklist.</p> <p>Section 725.172: Manifest Discrepancies</p> <p>NOTE: If there are no manifest discrepancies, mark the "N/A" column.</p>			<input checked="" type="checkbox"/>	
			b	<p>Has the owner or operator attempted to resolve significant discrepancies in quantity or type (i.e., variations in weight of 10% or more, variations in piece count of one container per truckload, obvious differences which can be discovered by inspection or waste analysis such as waste solvent substituted for waste acid) upon their discovery? Yes _____ No _____</p> <p>d If the discrepancy is not resolved within 15 days after receiving the waste, has the owner or operator submitted to the Agency a letter describing the discrepancy and the attempts made to reconcile it and a copy of the manifest or shipping paper at issue? Yes _____ No _____</p>				

TSD-E-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			Section 725.173: Operating Record	<input checked="" type="checkbox"/>			
			a	Does the owner or operator have a written operating record at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	Is the information in the operating record being maintained until closure of the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b	Does the operating record contain the following information:				
			1)	A description of and quantity of each hazardous waste received at the TSD facility (whether from on or off-site generation)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			2)	A record of the method(s) and date(s) of its treatment, storage, or disposal as required by Appendix I? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			3)	The location of each hazardous waste within the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			4)	The quantity of each hazardous waste at each location within the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			5)	For disposal facilities, a map recording the location and quantity of hazardous waste in each cell or disposal area? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				

TSD-E-3

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
					<p>6) A cross reference by manifest number to location and quantity of hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>7) Records and results of waste analyses and trial test performed as specified in Sections:</p> <ul style="list-style-type: none"> - 725.113 (Gen. Waste Analysis)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> - 725.293 (Tanks)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - 725.325 (Surface Improvements)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - 725.352 (Waste Piles)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - 725.373 (Land Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - 725.441 (Incinerators)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - 725.475 (Thermal Treatment)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - 725.502 (Chem., Phys., Bio. Treatment)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <p>8) Summary reports and details of all incidents that require the implementation of the contingency plan as specified in Section 725.156(j)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>				

TSD-E-4

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>9) Records and results of inspections as required by Section 725.115(d)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: The above information on inspection records need only be kept for three years. This period would automatically be extended during any unresolved enforcement action.</p> <p>10) Monitoring, testing or analytical data where required by Sections:</p> <ul style="list-style-type: none"> - 725.190 (G.W. Monitoring)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - 725.194 (G.W. Monitoring)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - 725.376 (Land Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - 725.378 (Land Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - 735.380(d)(1) (Land Treatment)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - 725.447 (Incinerators)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - 725.477 (Thermal Treatment)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <p>NOTE: Data required under 725.194 must be kept throughout the post-closure period.</p>				

TSD-E-5

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.		
			Sub Sec		Yes	No				
OTH	2			11) All closure cost estimates required by Section 725.242? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>						
				12) All post-closure cost estimates for disposal facilities required for Section 725.244? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>						
				Section 725.174: Availability, Retention and Disposition of Records			<input checked="" type="checkbox"/>			
			a	During the inspection, were all records including plans required under this Part furnished upon request and made available at all reasonable times for inspection as required by this Section? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>						
			c	Upon closure of a waste disposal facility did the owner or operator submit a copy of the record of waste disposal location(s) and quantities to: <ul style="list-style-type: none"> - The Agency? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - The local land authority? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 			<input checked="" type="checkbox"/>			
			b	Are all required records being maintained and retained during the course of any unresolved enforcement action or as requested by the Director? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>						

TSD-E-6

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			Section 725.175: Annual Report Has the owner or operator prepared and submitted a copy of a facility annual report, supplied by the Agency, to the Agency by March 1 of each year for the preceding calendar year?	X			
OTH	1			Section 725.176: Unmanifested Waste Report Does the facility accept hazardous waste from off-site? Yes <u>X</u> No <u> </u> NOTE: If the answer is "Yes", complete this section. If the answer is "No", check "N/A" and skip to 725.177. Has the facility accepted hazardous waste from an off-site source for treatment, storage or disposal without an accompanying manifest or shipping paper? Yes <u> </u> No <u>X</u> Was the hazardous waste accepted without the manifest or shipping paper exempt from the manifesting requirement by 35 Ill. Adm. Code 721.105? Yes <u> </u> No <u>N/A X</u> NOTE: If the answer to both the above questions is "Yes", check "N/A". If the answer to the first question is "Yes" and the second "No", answer the following questions: Did the owner or operator complete an unmanifested waste report to include the information required in Section 725.176(a) thru (g)? Yes <u> </u> No <u> </u>	X			ZONE 17 BULKHEAD DIRT FILL (DOCK) IS RECEIVED BY THE MAIN PLANT, NONE OF WHICH, APPARENTLY, WAS UNMANIFESTED.

TSD-E-7

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			Did the owner or operator submit the unmanifested waste report to the Agency within 15 days of receiving the waste? Yes ____ No ____	<input checked="" type="checkbox"/>			DTPC & CLINEVILLE RECEIVED NOTIFICATION OF A 3/13/90 RELEASE OF FODG FROM 2000 G. TYPICAL AT MOST ONCE WITHIN THE HOUR
				Section 725.177: Additional Reports				
				Has the owner or operator submitted to the Agency, as required, reports concerning:				
			a	1) Releases, fires, explosions as specified in Section 725.156? Yes <input checked="" type="checkbox"/> No ____ N/A ____				
			b	2) Groundwater contamination and monitoring data as specified in Sections 725.193 and 725.194? Yes <input checked="" type="checkbox"/> No ____ N/A ____				
			c	3) Facility closure as specified in Section 725.215? Yes <input checked="" type="checkbox"/> No ____ N/A ____				

TSD-E-8

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
CLO	1			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subparts G and H: Closure, Post-Closure and Financial Requirements	<input checked="" type="checkbox"/>			
			a	Section 725.212: Closure Plan Was the most current facility closure plan available during the inspection? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was the closure plan submitted to the Agency within the time frames specified below: <ul style="list-style-type: none"> - At least 180 days prior to the date closure of the first surface impoundment, waste pile, land treatment or landfill unit was (is) expected to begin? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - At least 180 days prior to the date of final closure of a facility with surface impoundment(s), waste pile(s), land treatment or landfill unit(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - At least 45 days prior to the date of final closure of a facility with any tank(s), container storage or incinerator unit(s)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> - At least 60 days prior to the date closure is expected to begin at a facility with a surface impoundment, waste pile, landfill or land treatment unit which also has an approved closure plan? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 				

TSD-G/H-1

Area	Class	90 Day F/U Req	Key Ltr		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec	Yes		No			
CLO	1				<ul style="list-style-type: none"> - No later than 15 days after termination of interim status (unless a full operating permit was issued simultaneously)? Yes ____ No ____ N/A <input checked="" type="checkbox"/> - No later than 15 days after issuance of a judicial decree or Board Order to cease receiving hazardous waste or close? Yes ____ No ____ N/A <input checked="" type="checkbox"/> 				
					Section 725.218: Post-Closure Plan				
					a Was the most current facility post-closure plan available during the inspection? Yes ____ No ____ N/A <input checked="" type="checkbox"/>				
FIN	1				Was the post-closure plan submitted to the Agency within the time frames established in this sub-section? Yes ____ No ____ N/A <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
FIN	1				Section 725.242: Cost Estimate for Closure Has the facility prepared a written estimate of the cost of closing the facility? Section 725.244: Cost Estimate for Post-Closure Care Has the facility prepared a written estimate of the annual cost of post-closure monitoring and maintenance of the facility? <u>NOTE:</u> If no post-closure plan, mark "N/A".			N/A	

TSD-G/H-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X		PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart I: Use and Management of Container Section 725.271: Condition of Containers Has the owner or operator transferred the hazardous waste in leaking container or containers which are not in good condition or managing the waste in some other way that complies with the requirements of this Part?	X			
OTH	1	X		Section 725.272: Compatibility of Waste with Containers Is the owner or operator using containers made of or lined with materials which will not react with and are otherwise compatible with the hazardous waste to be stored so that the ability of the container to contain the waste is not impaired?	X			
OTH	1	X		Section 725.273: Management of Containers a Are containers of hazardous waste always closed during storage? Yes <u>X</u> No <u> </u> b Are containers of hazardous waste being opened, handled or stored in manner which will prevent the rupture of the container or prevent it from leaking? Yes <u>X</u> No <u> </u>	X			
OTH	2			Section 725.274: Inspections Is the owner or operator inspecting areas where the containers are stored at least weekly, looking for leaks and for deterioration caused by corrosion or other factors? Yes <u>X</u> No <u> </u>	X			

TSD-I-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>NOTE: Any evidence of leakage may be a reason to answer "No" to the above question, even if there are inspection records that indicate that inspections are being done. Review the responses in Section 725.115, General Inspection Requirements, the frequency of inspections, the date of the last inspection, etc. to determine if inspections are actually being done.</p>				
OTH	1	X		<p>Section 725.276: Special Requirements for Ignitable or Reactive Wastes</p> <p>Are containers holding ignitable or reactive waste located at least 50 feet from the property line?</p>	X			
OTH	1	X		<p>Section 725.277: Special Requirements for Incompatible Wastes</p> <p>Is the owner complying with the requirements concerning the management of incompatible wastes or incompatible wastes and materials contained in this Section?</p>	X			

TSD-I-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	2			<p>PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart J: Tank Systems</p> <p>Section 725.290: Applicability</p> <p>Does the facility store or treat hazardous waste in tanks? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If "No", skip Subpart J.</p> <p>NOTE: Tanks or sump pits that serve as part of a secondary containment system to collect or contain releases are not subject to Subpart J requirements.</p> <p>Will the waste stored in the tanks fail the filter test and are the tanks located inside a building with an impermeable floor? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: Failing the filter test means that the waste contains free liquids.</p>				
			a	<p>Section 725.291: Assessment of Existing Tank Systems</p> <p>For tanks not protected by a secondary containment system, is an independent, certified written assessment available? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>NOTE: Except as provided in Subsection (c) of 725.291, certified assessment must be available by 1/12/88.</p>			X	<p>TANKS ARE PROTECTED BY SECONDARY CONTAINMENT</p>

TSD-J-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1		b	<p>Does this assessment consider at least the following:</p> <ol style="list-style-type: none"> 1) available standards for the tank and ancillary equipment; 2) hazardous characteristics of the wastes; 3) existing corrosion protection measures; 4) age of the tank system; and 5) results of a leak test, internal inspection, or other tank integrity examination? Yes _____ No _____ <p>Section 725.292: Design and Installation of New Tank Systems or Components</p>				<p>TANKS WERE CONSTRUCTED PRIOR TO JULY 14, 1986</p>
			a	<p>For new tanks (built after July 14, 1986) was an independent, certified written assessment prepared? Yes _____ No _____</p> <p>Does the assessment include, at a minimum, the following:</p> <ol style="list-style-type: none"> 1) design standards for tanks and ancillary equipment; <p>NOTE: These standards should include protection from damage from vehicular traffic, adequate foundations, anchoring to prevent flotation or dislodgement, and withstanding the effects of frost heave.</p> <ol style="list-style-type: none"> 2) hazardous characteristics of the waste; and 3) evaluation of potential for corrosion and corrosion protection measures? Yes _____ No _____ 				

TSD-J-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH			g	Has the owner obtained and kept on file at the facility the certifications of the design and installation requirements of Subsections (b) through (f)? Yes _____ No _____	<input checked="" type="checkbox"/>			
				Section 725.293: Containment and Detection of Releases				
			a1	Is secondary containment provided for any new tank system (constructed after 7/14/86) before being put into service? Yes _____ No _____ N/A <input checked="" type="checkbox"/>				
			a2	Does an existing tank, which stores F020, F021, F022, F023, F026 or F027 waste(s) have secondary containment (secondary containment is required by January 12, 1989)? Yes _____ No _____ N/A <input checked="" type="checkbox"/>				
			a3	For an existing tank, of known age, which stores any hazardous waste, is secondary containment provided (secondary containment is required by January 12, 1989 or when the tank is 15 years old, whichever is later)? Yes <input checked="" type="checkbox"/> No _____ N/A _____				
			a4	For an existing tank of unknown age, has secondary containment been provided by January 12, 1995? Yes _____ No _____ N/A <input checked="" type="checkbox"/>				
				<u>or</u> If the facility is older than 7 years, by the time the facility reaches 15 years of age or January 12, 1989, whichever is later? Yes _____ No _____ N/A <input checked="" type="checkbox"/>				
			a5	For tanks that store wastes that are listed as hazardous after 1/12/87, has secondary containment been provided on the same basis as required in Subsections (a)(1) through (a)(4) of 725.293 substituting the date that a material becomes a hazardous waste for 1/12/87? Yes _____ No _____ N/A <input checked="" type="checkbox"/>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
			b1&2	<p>Is the secondary containment system designed, installed and operated to prevent migration of wastes out of the system, and capable of detecting and collecting releases? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>NOTE: To meet the requirements of Subsection (b) secondary containment must comply with the physical requirements given in Subsection (c)(1) through (4) (compatible liner, foundation, leak detection system).</p>				<p><i>Tanks located over containment which drains to sumps which are associated with the wastewater treatment system.</i></p>
			c4	<p>Is spilled or leaked wastes and accumulated precipitation removed from the secondary containment within 24 hours? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>NOTE: A RCRA permit may allow for removal of liquids less frequently than 24 hours after accumulation.</p>				
			d	<p>Does the secondary containment have one or more of the following:</p> <ol style="list-style-type: none"> 1) a liner (external to the tank); or 2) a vault; or 3) a double-walled tank; or 4) an equivalent device (approved by the Board)? <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>NOTE: Liners, vaults or double-walled tanks must also comply with the requirements of Section 725.293, Subsection (e) or "No" should be marked and explained in the comment.</p>				
			f	<p>Is ancillary equipment protected by secondary containment that meets the requirement of Subsections (h) and (c) except for:</p>				

TSD-J-4

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>1) above ground piping (exclusive of flanges, joints, valves and connections) that are inspected daily;</p> <p>2) welded flanges, joints and connections that are inspected daily;</p> <p>3) sealless or magnetic coupling pumps that are inspected daily; and</p> <p>4) pressurized above ground piping systems with automatic shut-off devices that are inspected daily? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>i Until such time as secondary containment is provided, are the following requirements being met for all tank systems:</p> <p>1) For non-enterable underground tanks, has a yearly leak test that meets the requirements of 725.291(b) been conducted? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>2) For enterable underground tanks and ancillary equipment, has a yearly leak test or an internal inspection or other tank integrity examination by an independent registered professional engineer been conducted? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>3) Are written records maintained at the facility to document the assessments required under Subsections (i)(1) and (2)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>				

TSD-J-5

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X		Section 725.294: General Operating Requirements	<input checked="" type="checkbox"/>			
			b1&2	Are tanks equipped with spill prevention controls (e.g., check valves, dry disconnect couplings) and overfill prevention controls (e.g., level sensing devices, high level alarms, automatic feed cutoff or bypass to a standby tank)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
			b3	Is a sufficient freeboard being maintained in uncovered tanks to prevent overtopping by wave or wind action or by precipitation? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>				
OTH	2		c	If a leak or spill has occurred in the tank system, has the owner or operator complied with the requirements of 725.296? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			c	Section 725.295: Inspections Is the facility operator inspecting and documenting, in an operating record, the results of tank inspection as required in 725.295, Subsections (a) and (b)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
OTH	1	X		Section 725.296: Response to Leaks or Spills and Disposition of Tank Systems Does the facility have a tank system or secondary containment system from which there has been a leak or spill, or which is unfit for use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NOTE: If "No", skip to Section 725.297. If "Yes", answer the following questions. If there is a violation of the requirements in this section, there is also a violation of Section 725.294(c).			<input checked="" type="checkbox"/>	

TSD-J-6

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
				<p>If a tank or secondary containment system has leaked, has the owner done the following:</p> <p>a 1) Ceased using, stopped inflow of wastes? Yes _____ No _____</p> <p>b 2) Removed the waste from the tank system within 24 hours and/or from the secondary containment system within 24 hours? Yes _____ No _____</p> <p>3) Taken actions to prevent waste migration and removed and properly disposed of visibly contaminated soil or subsurface water? Yes _____ No _____</p> <p>d 4) Reported to the Agency within 24 hours of detection? Yes _____ No _____</p> <p><u>NOTE: Reporting to the Agency is not necessary if less than one pound of material which was immediately contained and cleaned up was spilled.</u></p> <p>5) Within 30 days of detection of a release, submitted a report to the Agency that complies with Section 725.296(d)(3)(A) through (E)? Yes _____ No _____</p> <p>e4 If the source of the release was from a component of a tank system without secondary containment, has the owner provided secondary containment (that satisfies 725.293) to the component of the system before it is returned to service? Yes _____ No _____ N/A _____</p> <p><u>NOTE: If the component is above ground and can be visually inspected then secondary containment is not needed.</u></p>			NA	

TSD-J-7

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
CLO	1		f	<p>Certification of major repairs. If an extensive repair has been done, then is a certification by an independent, registered professional engineer, that the repaired system is capable of handling hazardous waste available before the tank is returned to service? Yes ____ No ____ N/A ____</p> <p>Has the certification been submitted within 7 days after returning the tank system to use? Yes ____ No ____ N/A ____</p> <p>Section 725.297: Closure and Post Closure Care</p> <p>NOTE: The requirements of this section apply to closure of tank systems. If no closure is being performed, then skip to Section 725.298.</p>				
			a	<p>At the time of closure, has the owner removed or decontaminated all waste residues, contaminated components, contaminated soils and structures and equipment and managed them as hazardous waste (unless 721.103(d) applies)? Yes ____ No ____</p> <p>a Has the closure plan, closure activities, cost estimates for closure and financial responsibility for tank systems met all requirements specified in Subparts G and H? Yes ____ No ____</p> <p>b If contaminated soils are <u>not</u> removed, then has the tank system performed closure and post closure care in accordance with requirements applicable to landfills (Section 725.410)? Yes ____ No ____</p> <p>NOTE: Such a tank system is considered a "Landfill" and shall meet all of the requirements of landfills specified in Subparts G and H.</p>				

TSD-J-8

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			<p>Section 725.298: Special Requirements for Ignitable or Reactive Wastes</p> <p>Are ignitable or reactive wastes stored in tanks? Yes ____ No ____</p> <p>NOTE: If "No", skip to Section 725.299.</p> <p>a If ignitable or reactive wastes are stored or treated in tanks, then is it in such a way that the waste is protected from material or conditions that may cause it to ignite or react? Yes ____ No ____</p> <p>NOTE: Tank systems used <u>solely</u> for emergencies may store ignitable/reactive wastes.</p> <p>b Are there proper protective distances between the waste management area and the facility boundary line? Yes ____ No ____</p>			X	
OTH	1			<p>Section 725.299: Special Requirements for Incompatible Wastes</p> <p>Is Section 725.117 being complied with whenever incompatible wastes are stored in the same tank system or in a tank system which has not been decontaminated? Yes ____ No ____ N/A ____</p>			X	

TSD-J-9

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			Section 725.300: Waste Analysis and Trial Tests In addition to complying with 725.113, whenever a tank is used to treat chemically or to store a hazardous waste that is substantially different than that waste previously stored, or to treat chemically a hazardous waste with a substantially different process, then has the owner:			X	TANKS STORE ONLY SPECIAL WASTE ONLY
			a 1) Conducted a waste analysis and trial treatment or storage tests? Yes _____ No _____ N/A _____ or b 2) Obtained written, documented information to show that the proposed treatment or storage will meet the requirements of 725.294(a)? Yes _____ No _____ N/A _____ NOTE: Section 725.301: Generators of 100 to 1000 kg/mo. is included in the checklist for Reduced Requirement Generators.					

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X		PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart K: Surface Impoundments Section 725.321: Design Requirements			✓	<i>SURFACE IMPOUNDMENT CLOSURE THROUGHOUT CLOSURE, HAS NOT HAD LATE, LATE ADDED TO IT SINCE 8/23/88.</i> <i>Delayed closure is being proposed for this unit to allow continued use for non-hazardous waste while groundwater programs remain in place.</i> <i>Since Surface Impoundment is not in operation for hazardous waste, this Section was not completed.</i> <i>It should be noted that the impoundment is required daily to ensure proper freeboard is being maintained.</i>
			a	Has the owner or operator met the requirements for liners and leachate collection systems in accordance with 35 Ill. Adm. Code 724.321(c) for each new unit, or lateral expansion of an existing unit, that is within the area identified in the facility Part A permit application? Yes ____ No ____ N/A ____				
			a	Did the owner or operator meet the above requirement for waste received after May 8, 1985? Yes ____ No ____				
			b	Has the owner or operator notified the Agency, in writing, at least 60 days prior to receiving waste? Yes ____ No ____				
OTH	1	X		Section 725.322: General Operating Requirements				
			b	Does the owner or operator make the claim that a free board of less than two feet may be maintained in the surface impoundment? Yes ____ No <u>X</u>				

TSD-K-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
					Yes	No		
OTH	1	X		PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart L: Waste Piles Section 725.351: Protection from Wind Is the waste pile subject to dispersal by the wind? Yes _____ No _____ NOTE: If the answer is "Yes", complete the rest of this section. If "No", then check "N/A" and describe why the pile is not subject to wind dispersal in the Remarks. Is the owner or operator: 1) Covering the pile to control dispersal? Yes _____ No _____ N/A _____ OR 2) Managing the pile by some other means to control dispersal? Yes _____ No _____ N/A _____ NOTE: If the answer to 2 is "Yes", explain in detail the "other means" being used to control dispersal.			X	<i>NO NEW PILES REMAIN ON SITE, THE ACTIVITY WAS DISCONTINUED IN 1981. THE CLOSURE PLAN FOR THE PILES WAS APPROVED 8/26/86. Therefore this section was not completed.</i>
OTH	1			Section 725.352: Waste Analysis a1 Are the only wastes the facility receives which are amenable to piling compatible with each other? Yes _____ No _____				

TSD-L-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart 0: Incinerators Section 725.440: Applicability b If the owner or operator claims to be exempt from the requirements of this subpart, except for Section 725.451 (closure), has he documented in writing (and has he retained at the facility this documentation) that the waste to be burned is identified in 725.440(b) and that it would not reasonably be expected to contain any of the hazardous constituents listed in 35 Ill. Adm. Code 721, Appendix H? Yes _____ No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
			NOTE: If the answer is "No", the facility is regulated under this Subpart. Section 725.441: Waste Analysis Has the owner or operator obtained analyses of wastes prior to the first time they are burned in the incinerator to enable him to establish steady state operating conditions and to determine the types of pollutants which might be emitted? Yes <input checked="" type="checkbox"/> No _____ Does the waste analysis include at least: a 1) Heating value of the waste? Yes <input checked="" type="checkbox"/> No _____	<input checked="" type="checkbox"/>				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X	b	2) Halogen and sulfur content of the waste? Yes ____ No ____ <u>N/A</u> <u>X</u>				
			c	3) Lead and mercury content of the waste? Yes <u>X</u> No ____ N/A ____				
			c	4) Written documented data to show that the waste does not contain lead or mercury? Yes ____ No ____ N/A <u>X</u>				
				Section 725.445: General Operating Requirements	<u>X</u>			
				Are wastes fed to the incinerator only when it is at steady state (normal) conditions of operation, including temperature and air flow?				
OTH	1			Section 725.447: Monitoring and Inspections	<u>X</u>			
				Is the owner or operator conducting the following moni- toring and inspections when incinerating hazardous waste:				
			a	1) Existing instruments which relate to combustion and emission control every 15 minutes? Yes <u>X</u> No ____				
			b	2) The complete incinerator and associated equip- ment for leaks, spills, and fugitive emissions once a day? Yes <u>X</u> No ____				
			b	3) All emergency shutdown controls and systems alarms to assure proper operations at least once a day? Yes <u>X</u> No ____				

TSD-0-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
					Yes	No		
CLO	1			<p>Section 725.451: Closure</p> <p>NOTE: Determine compliance or non-compliance with this Section only in conjunction with a closure verification inspection conducted after the facility and its independent registered professional engineer have certified closure in accordance with an approved closure plan.</p> <p>Have all hazardous wastes and hazardous waste residues (including, but not limited to, ash, scrubber waters and scrubber sludges) been removed from the incinerator at the completion of closure?</p>			X	
OTH	1			<p>Section 725.452: Interim Status Incinerators Burning Particular Hazardous Wastes</p> <p>a Prior to burning hazardous waste numbers F020, F021, F022, F023, F026 or F027, has the owner or operator received a certification from the Agency that they meet the performance standards of 35 Ill. Adm. Code 724, Subpart 0, and have followed the procedures in 725.452(b)(1)?</p>			X	

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
					Yes	No		
OTH	1	X		PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart P: Thermal Treatment Section 725.470: Other Thermal Treatment Does the facility use an enclosed device which uses controlled flame combustion to thermally treat hazardous wastes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NOTE: If the answer to this question is "Yes", the facility is subject to the requirements of 35 Ill. Adm. Code 725 (724) Subpart O, if it is an incinerator.				A RETARD RESISTANT FURNACE IS USED TO DETONATE SMOKE PRIMERS. IT HAS BEEN DETERMINED THAT WASTE PRIMERS ARE NOT TO BE CONSIDERED HAZARDOUS. THIS TREATMENT HAS BEEN REMOVED FROM SUBSEQUENT PART A APPLICATIONS HOWEVER AN OFFICIAL HAS NOT BEEN GRANTED FOR THE AMENDED PT. A. All records and requirements are being maintained by this unit. Approval for Part A revision is granted.
				Section 725.473: General Operating Requirements Are wastes fed into the thermal treatment process only when it is at steady state (normal) condition of operation, including temperature? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Is the thermal treatment process a non-continuous (batch) process which requires a complete thermal cycle to treat a discrete quantity of hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	X			
OTH	1			Section 725.475: Waste Analysis Has the owner or operator obtained analyses of wastes prior to the first time they are treated in his thermal process, to enable him to establish steady state operating conditions and to determine the types of pollutants which might be emitted? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	X			

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			Does the waste analysis include at least:				
			a	1) Heating value of the waste? Yes ____ No ____ <u>N/A</u> <u>X</u>				
			b	2) Halogen and sulfur content of the waste? Yes ____ No ____ <u>N/A</u> <u>X</u>				
			c	3) Lead and mercury content of the waste? Yes ____ No ____ <u>N/A</u> <u>X</u>				
			c	4) Written, documented data to show that the waste does not contain lead or mercury? Yes ____ No ____ <u>N/A</u> <u>X</u>				
				Section 725.477: Monitoring and Inspection	<u>X</u>			
				Is the owner or operator conducting the following monitoring and inspections when thermally treating hazardous waste:				
			a	1) Existing instruments which relate to temperature and emission control every 15 minutes? Yes <u>✓</u> No ____ <u>N/A</u> ____				
			b	2) The stack plume (emissions) at least hourly for normal appearance? Yes <u>✓</u> No ____ <u>N/A</u> ____				
			c	3) The complete thermal treatment process and associated equipment for leaks, spills, and fugitive emissions? Yes <u>✓</u> No ____				
c	4) All emergency shutdown controls and systems alarms to assure proper operation at least once a day? Yes <u>✓</u> No ____ <u>N/A</u> ____							

Area	Class	90 Day F/U Req	Key		Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Ltr	Sub Sec		Yes	No		
CLO	1				Section 725.481: Closure			✓	
					NOTE: Determine compliance or non-compliance with this Section only in conjunction with a closure verification inspection conducted after the facility and its independent registered professional engineer have certified closure in accordance with an approved closure plan.				
					Have all hazardous wastes and hazardous waste residues (including, but not limited to, ash) been removed from the thermal treatment process or equipment at the completion of closure?			✓	
OTH	1				Section 725.482: Open Burning; Waste Explosives				
					Is the owner or operator open burning or detonating only waste explosives? Yes ____ No ____				
					Is the open burning or detonation of explosives being done in conformance with the table in this Section? Yes ____ No ____				
					Is the open burning or detonation of explosives being done in a manner that does not threaten human health or the environment? Yes ____ No ____			✓	
OTH	1				Section 725.483: Interim Status Thermal Treatment Devices Burning Particular Hazardous Waste				
			a		Prior to burning hazardous waste numbers F020, F021, F022, F023, F026 or F027, has the owner or operator received a certification from the Agency that they meet the performance standards of 35 Ill. Adm. Code 724, Subpart 0 and have followed the procedures in 725.483(b)(1)?				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1	X		PART 725 INTERIM STATUS STANDARDS FOR OWNERS AND OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES Subpart Q: Chemical, Physical and Biological Treatment Section 725.500: Applicability Is the chemical, physical or biological treatment being done in other than: 1) Tanks? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2) Surface impoundments? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 3) Land treatment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NOTE: If the answer to all of the above is "Yes", complete this Section. Chemical, physical and biological treatment of hazardous waste in tanks, surface impoundments and land treatment facilities is regulated under 35 Ill. Adm. Code 725 (724), Subparts J, K, and M, respectively.	X			THE TREATMENT UTILIZES A HAMMERMILL WHICH DESIGNATES SERAP PRIMERS. SINCE SERAP PRIMERS ARE NO LONGER CONSIDERED HAZARDOUS THE HAMMERMILL HAS BEEN WITHDRAWN FROM THE PI. A. NO AMENDAL HAS BEEN GIVEN FOR THE AMENDED PI. A
				Section 725.501: General Operating Requirements a Is the chemical, physical or biological treatment of hazardous waste in compliance with Section 725.117(b)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> b Are only hazardous waste treatment reagents being placed in the treatment process or equipment which will not cause the treatment process or equipment to rupture, leak, corrode, or otherwise fail before the end of its intended life? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				

TSD-Q-1

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1		c	<p>Where hazardous waste is continuously fed into a treatment process or equipment, is the process or equipment equipped with a means to stop this inflow? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Section 725.502: Waste Analysis and Trial Tests</p> <p>Prior to using the treatment process or equipment to chemically, physically or biologically treat a hazardous waste, which is substantially different from waste previously treated in a treatment process or equipment; or a substantially different process from any previously used at the facility is used to chemically treat hazardous waste, has the owner or operator:</p> <p>b1 1) Conducted waste analyses or trial tests? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p style="text-align: center;">OR</p> <p>b2 2) Obtained written documented information on similar treatment of similar waste under similar operating conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>				<p><i>All waste is the same - Removable Parameters</i></p>
OTH	1/2			<p>Section 725.503: Inspections</p> <p>a Is the owner or operator inspecting, where present:</p> <p>1) Discharge control equipment and safety equipment at least once each operating day to ensure it is in good working order? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<input checked="" type="checkbox"/>			

TSD-Q-2

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
CLO	1		b	2) Data gathered from monitoring equipment at least once each operating day to ensure that the treatment process or equipment is being operated according to its design? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			c	3) The construction materials of the treatment process or equipment at least weekly to detect corrosion or leaking of fixtures or seams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
			d	4) The construction materials of, and the area immediately surrounding, discharge confinement structures at least weekly to detect erosion or obvious signs of leakage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
				NOTE: Any evidence of leakage may be a reason to answer "No" to the above question, even if there are inspection records that indicate that inspections are being done. Review the responses in Section 725.115, General Inspection Requirements, the frequency of inspection, the date of the last inspection, etc., to determine if inspections are actually being done. Section 725.504: Closure NOTE: Determine compliance or non-compliance with this Section only in conjunction with a closure verification inspection conducted after the facility and its independent registered professional engineer have certified closure in accordance with an approved closure plan. Have all hazardous wastes and hazardous waste residues been removed from treatment processes or equipment, discharge control equipment and discharge confinement structures at the completion of closure?				

Area	Class	90 Day F/U Req	Key Ltr	Requirement	In Apparent Compliance?		Not Applicable	Remarks or Comment No.
			Sub Sec		Yes	No		
OTH	1			Section 725.505: Special Requirements for Ignitable or Reactive Wastes a Have ignitable or reactive wastes been treated, rendered or mixed before or immediately after placement in the treatment process or equipment so that: 1) The resulting waste, mixture and dissolution of material no longer meets the definition of ignitable or reactive waste under Section 721.121 or 721.123? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> AND 2) Section 725.117(b) is complied with? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> OR b Is the waste treated in such a way that it is protected from any material or conditions which may cause the waste to ignite or react? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<input checked="" type="checkbox"/>			
OTH	1			Section 725.506: Special Requirements for Incompatible Wastes Is the owner or operator complying with the requirements concerning the management of incompatible wastes or incompatible wastes and materials contained in this Section?			<input checked="" type="checkbox"/>	

F02

RCRA LAND DISPOSAL RESTRICTION INSPECTION

Facility: CLIN CORP. - MAIN PLANT FACILITY

U.S. EPA I.D. No. : ILD0006271696 IL# 1140200002

Street: SHAMROCK STREET

City: EAST ALTON State: IL Zip: 62024

Telephone: 618/258-3033

Owner/Operator:

Street: SAME AS ABOVE

City: _____ State: _____ Zip: _____

Telephone: _____

Inspection Date: 3 20 90 3/22/90 Time: 9:30 - 11:30

Weather Conditions: Sunny ~60°
Rainy ~65°

RECEIVED
APR - 9 1990
OFFICE OF RCRA
WASTE MANAGEMENT DIVISION
EPA REGION V

	Name	Agency/Title	Telephone
Inspectors:	STEVE NOBLITT	IEPA	618-346-5000
	MIKE GRANT		
	JEFF SCHOFERBACH		

Facility Representative: _____

	Generate	Transport	Treat	Store	Dispose
F-Solvent	<u>X</u>	<u>X</u>		<u>X</u>	
Dioxin					
California List					
First Third	<u>X</u>	<u>X</u>	<u>X</u>		
Second Third					

RECEIVED

30 MAR 1990

IEPA/DLPC

NOV 22 1989

Revised 10-20-89

INSPECTION SUMMARY

Processes That Generate LDR Wastes

LDR Waste Management

Summary

RECEIVED

30 MAR 1990

IEPA\DLPC

RCRA LAND DISPOSAL RESTRICTION INSPECTION

WASTE IDENTIFICATION

1. Does the facility handle the following wastes?

a. F001 through F005 spent solvents

Yes ☒ No ☐ List* F001 & F002 ✓

b. Dioxin-containing Wastes

Yes ☐ No ☒ List* _____

c. California List Wastes

Yes ☐ No ☒ List* _____

d. First and Second Third Wastes

Yes ☒ No ☐ List* F006, F007, F008, F009, K045, K046

* List wastes if room allows or attach Appendix A.

Note: Please be aware of potential misclassification of wastes (i.e., California list/"soft hammer"/characteristic waste applicabilities).

2. Does the facility handle the following wastes (national capacity variances)?

a. F001 - F005 contaminated soil or debris resulting from a CERCLA response action or RCRA corrective action (effective date -- 11/08/90).

Yes ☐ No ☒ Comments _____

b. Dioxin contaminated soil and debris resulting from a CERCLA response action or a RCRA corrective action (effective date -- 11/08/90).

Yes ☐ No ☒ Comments _____

c. California list contaminated soil or debris resulting from a CERCLA response action or a RCRA corrective action (effective date -- 11/08/90).

Yes ☐ No ☒ Comments _____

- d. First Third wastes with the following waste codes: K048, K049, K050, K051, K052, or K071 (effective date - 08/08/90).

Yes ☐ No ☒ Comments _____

- e. First Third contaminated soil and debris which have a treatment standard based on incineration - K016, K018, K019, K020, K022, K024, K030, K037, K048-K052, K086, K087, K101, K102, K103, and K104 (effective date - 08/08/90).

Yes ☐ No ☒ Comments _____

- f. Second Third contaminated soil and debris which have a treatment standard based on incineration - F010, F024, K009, K010, K011, K013, K014, K023, K027, K028, K029, K038, K039, K040, K043, K093, K094, K095, K096, K113, K114, K115, K116, P039, P040, P041, P043, P044, P062, P071, P085, P089, P094, P097, P109, P111, U028, U058, U069, U087, U088, U102, U107, U109, U221, U223, U235 (effective date - 06/08/91).

Yes ☐ No ☒ Comments _____

RCRA LAND DISPOSAL RESTRICTION INSPECTION

GENERATOR CHECKLIST

GENERATOR REQUIREMENTS

A. Treatability Group - Treatment Standards Identification

1. F-Solvent Wastes: Does the generator correctly determine the appropriate treatability group of the waste?

Yes X No NA

If yes, check the appropriate treatability group.

 Wastewaters containing solvents (less than or equal to 1% total organic carbon (TOC) by weight)
X All other spent solvent wastes

2. First and Second Third Wastes: Does the generator correctly determine the appropriate treatability group of the waste?

Yes X No NA

If yes, list the waste code and check the correct treatability group.

Waste Code	Wastewater*	Non-wastewater
<u>F006</u>	<u> </u>	<u>X</u>
<u>F007</u>	<u> </u>	<u>X</u>
<u>F008</u>	<u> </u>	<u>X</u>
<u>F009</u>	<u> </u>	<u>X</u>
<u>K046</u>	<u> </u>	<u>X</u>

* Less than 1% TOC by weight and less than 1% filterable solids.

3. California List Wastes: Has the generator correctly identified the required treatment technology [268.42]?

- a. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 50 but less 500 ppm, is the treatment in accordance with existing TSCA thermal treatment regulations for burning in high efficiency boilers (40 CFR 761.60) or incineration (40 CFR 761.70)?

Yes No NA X

If yes, specify the method:

- b. For liquid hazardous waste that contains PCBs at concentrations greater than or equal to 500 ppm, is the waste incinerated [40 CFR 761.70] or disposed of by other approved alternate methods [40 CFR 761.60(e)]?

Yes ☐ No ☐ NA ☐

If an alternative method is used, specify the method and state whether the facility has received approval from the Regional Administrator or Director, Exposure Evaluation Division, for an exemption from the incineration requirement:

- c. For hazardous waste that contains halogenated organic compounds (HOCs) in total concentrations greater than or equal to 1,000 mg/L or 1,000 mg/Kg (except dilute HOC wastewater), is the waste incinerated in accordance with existing requirements of 40 CFR Part 264 Subpart O or 40 CFR Part 265 Subpart O?

Yes ☐ No ☐ NA ☐

4. Does the generator mix restricted wastes with different treatment standards?

Yes ☐ No ☒ Comments

If yes, did the generator select the most stringent treatment standards (268.41(b), 268.43(b))?

Yes ☐ No ☐ Comments

B. Waste Analysis

1. Does the generator determine whether the restricted waste exceeds treatment standards or prohibition levels at the point of generation by:

- Knowledge of waste Yes ☒ No ☐

List the wastes for which "applied knowledge" was used and describe the basis of the applied knowledge determination.

SOLVENTS USED FOR DEGREASING & CLEANING & TO THIN ASPHALT
IN MANUFACTURE OF AMMUNITION

Pity wastes listed

Explosive wastes listed

Was all supporting data retained on-site, [268.7(a)(5)]?

Yes ☐ No ☐ ?

- TCLP Yes ☐ No ☐ NA ☐

List the wastes for which TCLP was used and provide the date of last test, the frequency of testing, and note any problems. Attach test results.

- Total constituent analysis Yes ☐ No ☐ NA ☐

List the wastes for which total constituent analysis was used and provide the date of last test, the frequency of testing, and note any problems. Attach test results.

- pH ≤ 2 Yes ☐ No ☐ NA ☐

List the wastes for which pH testing was used.

- Paint Filter Liquid Test Yes ☐ No ☐ NA ☐

List the wastes for which PFLT was used.

2. Does the facility dilute the restricted waste as a substitute for adequate treatment [268.3]?

Yes ☐ No ☒ NA ☐

C. Management

1. On-Site Management

Is restricted waste treated, stored for greater than 90 days, or disposed on-site?

Yes ☒ No ☐ Comments _____

If yes, the TSD Checklist must be completed.

2. Off-Site Management

- a. Does the generator ship any waste that exceeds the treatment standards to an off-site treatment or storage facility?

Yes ☒ No ☐ (If no, go to b)

If yes, identify waste code and off-site treatment or storage facilities:

Waste Code	Facilities	Treat/Store
F006/K046 ^{ant} Sludge	Heritage Env. Services	Treat & Dispose
F001/F002	Safety-Kleen	Treat/Recover
^{2006-5/30/90} F007-F009	Cyanobion ^{detox. 1} _{meth}	Treat

- Does the generator provide notification to the treatment or storage facility [268.7(a)(1)]?

Yes ☒ No ☐

- Does notification contain the following?

EPA Hazardous waste number(s) Yes ☒ No ☐

Applicable treatment standards and prohibition levels Yes ☒ No ☐

Manifest number Yes ☒ No ☐

Waste analysis data, if available Yes ☐ No ☒ ^{N/A}

- b. Does the facility ship any waste that meets the treatment standards to an off-site disposal facility?

Yes ☐ No ☒ (If no, go to c)

If yes, identify waste code and off-site disposal facilities:

Waste Code	Facility
_____	_____
_____	_____
_____	_____

- Does the facility provide notification and certification to the disposal facility [268.7(a)(2)]?

Yes ___ No ___

- Does notification contain the following?

EPA Hazardous waste number(s) Yes ___ No ___

Applicable treatment standards and prohibition levels Yes ___ No ___

Manifest number Yes ___ No ___

Waste analysis data, if available Yes ___ No ___

Certification that the waste meets treatment standards [wording in 268.7(a)(2)(ii)] Yes ___ No ___

- c. Is the waste subject to a nationwide variance, case-by-case extension (268.5), or no migration petition (268.6).

Yes ___ No ☒ (If no, go to d)

- If yes, does the generator provide notification to the off-site receiving facility that the waste is not prohibited from land disposal [268.7(a)(3)]?

Yes ___ No ___

- Does the notification contain the following information?

EPA hazardous waste number Yes ___ No ___

The corresponding treatment standards and all applicable prohibitions Yes ___ No ___

Manifest number Yes ___ No ___

Waste analysis data, if available Yes ___ No ___

Date the waste is subject to the prohibitions Yes ___ No ___

- d. Does the facility generate any First or Second Third "soft hammer" waste?

Yes ___ No ☒ (If no, go to 4)

- Does the generator provide the following notification to the receiving facility with each shipment of waste [268.7(a)(4)]?

- | | | | |
|-------|--------------------------------------------------|---------|--------|
| (i) | EPA hazardous waste number | Yes ___ | No ___ |
| (ii) | Applicable prohibition
[268.33(f), 268.34(h)] | Yes ___ | No ___ |
| (iii) | Manifest number | Yes ___ | No ___ |
| (iv) | Waste analysis data,
if available | Yes ___ | No ___ |

3. "Soft Hammer" Demonstrations/Certifications

- a. Are any "soft hammer" wastes or treatment residues destined for ultimate disposal in a landfill or surface impoundment?

Yes ___ No ___

- b. Has the generator attempted to locate and contract with treatment and recovery facilities that provide treatment that yields the greatest environmental benefit [268.8(a)(1)]?

Yes ___ No ___

- c. Has the generator submitted a demonstration and certification to the Regional Administrator to document its efforts to locate practically available treatment [268.8(a)(2)]?

Yes ___ No ___

- If yes, did the generator submit the documentation and certification prior to first shipment?

Yes ___ No ___

- d. Does the demonstration contain the following information?

A list of facilities and facility officials contacted?

Yes ___ No ___

Addresses

Yes ___ No ___

Telephone numbers

Yes ___ No ___

Contact dates

Yes ___ No ___

Certification statement

Yes ___ No ___

Attach a copy of the demonstration and certification.

- e. If there is no practically available treatment, has the generator included with the demonstration, a written discussion of why the generator was not able to obtain treatment or recovery for that waste [268.8(a)(2)(i)]?

Yes ___ No ___ NA ___

If yes, attach a copy of written discussion.

- f. Does the generator ship its "soft hammer" waste off-site for treatment?

Yes ___ No ___

Describe the type of treatment and treatment facilities:

<u>Waste Code</u>	<u>Type of Treatment</u>	<u>Treatment Facility</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- g. Did the generator send a copy of its demonstration and certification to the receiving facility with the first shipment of waste?

Yes ___ No ___

- h. Does the generator provide certification with each subsequent shipment of wastes to receiving facilities?

Yes ___ No ___ NA ___

4. Records Retention

Does the facility retain on-site copies of all notifications, demonstrations, and certifications for a period of 5 years [268.7(a)(6)]?

Yes ___ No ___ Comments _____

D. RCRA Corrective Action and CERCLA Response Action Waste

1. Has the facility disposed of contaminated soil and debris from a RCRA corrective action or a CERCLA response action in a landfill or surface impoundment?

Yes ☐ No ☒ Comments _____

2. Did the unit meet the minimum technology requirements (double liner, leachate collection system, and ground-water monitoring)?

Yes ☐ No ☐ NA ☐ Comments _____

E. Treatment Using RCRA 264/265 Exempt Units or Processes

1. Is waste treated in RCRA 264/265 exempt units (i.e., boilers, furnaces, distillation units, wastewater treatment tanks, elementary neutralization, etc.)?

Yes ☐ No ☒

List types of waste treatment units and processes:

<u>Waste Code</u>	<u>Type of Treatment</u>	<u>Treatment Units and Processes</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are treatment residuals generated from these units?

Yes ☐ No ☐ Comments _____

If yes, the residues are subject to the LDR generator requirements.

3. Are these residuals further treated, stored for greater than 90 days, or disposed on-site?

Yes ☐ No ☐ NA ☐ Comments _____

If yes, the TSD checklist must be completed.

RCRA LAND DISPOSAL RESTRICTION INSPECTION

TRANSPORTER CHECKLIST

TRANSPORTER REQUIREMENTS

- A. Does the transporter accumulate waste for more than 10 days [268.50(a)(3)]?

Yes ☒ No ☐

If yes, check the appropriate regulatory status:

☒ Interim status for storage
☐ RCRA permit for storage

If no, describe inventory controls to ensure that wastes are not stored for more than 10 days:

- B. Does the transporter mix, combine, or recontainerize wastes?

Yes ☐ No ☒

If yes, list the restricted wastes that have been mixed.

- C. Is the waste treated in an exempt treatment process on-site?

Yes ☐ No ☒

RCRA LAND DISPOSAL RESTRICTION INSPECTION

TSD CHECKLIST

TSD REQUIREMENTS

A. General Facility Standards

1. Does the waste analysis plan cover Part 268 requirements [264/265.13]?

F-solvent
(TCLP)*

Yes ___ No ___

NA ☒*waste generated
from degreasing
the stored bar
shipped to
a recycler.*Dioxin
(TCLP)

Yes ___ No ___

NA ☒California List
(PFLT and/or total constituent analysis)*

Yes ___ No ___

NA ☒First & Second Third
(TCLP and/or total constituent analysis)

Yes ___ No ___

NA ☒* TCLP= Toxicity Characteristic Leaching Procedure (268, App. I)
PFLT= Paint Filter Liquids Test (SW-846)

2. Does the facility obtain representative chemical and physical analyses of wastes and residues?

Yes ___

No ☒Comments *waste shipped off-site exceeds test standards*

- a. What date was the waste analysis plan last revised?

- b. Are analyses conducted on-site or off-site?

___ On-site

☒ Off-site

Identify off-site lab:

*Safety-Kleen conducted analyses of
chlorinated solvents. Heritage conducts analysis of waste sludge
which contains PCB/KSHB.*

- c. Are F-solvent and dioxin containing waste analyzed using TCLP?

Yes ___

No ___

NA ☒

- d. Are California List wastes analyzed using the appropriate analytical method (PFLT filtrate for metals and cyanide; total constituent analysis for corrosive wastes, PCBs and halogenated organic compounds (HOCs).

Yes ___ No ___ NA ☒

- e. Are First Third and Second Third wastes analyzed using the appropriate analytical method for the specified BDAT* (i.e., total constituent analysis for destruction technologies and TCLP for stabilization/fixation technologies)? See Appendix B.

Yes ___ No ___ NA ☒

* BDAT= best demonstrated available technology

3. Are the operating records, including analyses and quantities, complete [264/265.73]?

Yes ☒ No ___

4. Do operating records contain copies of the notification, certification, and demonstration (if applicable) from the generator? Records must be kept until closure of unit. *n/a*

Yes ___ No ___ Comments *Waste is generated at the Facility.*

B. Storage (268.50)

1. Are prohibited wastes* stored on-site?

Yes ___ No ☒ (If no, go to C, Treatment.)

* Prohibited wastes are a subset of restricted wastes, i.e., they are those restricted wastes that are currently ineligible for land disposal [53 FR 31208, August 17, 1988].

2. If yes, identify storage unit.

___ Tanks
___ Containers
___ Other (Identify inappropriate storage unit(s)). _____

3. Are all containers clearly marked to identify the contents and date(s) entering storage [268.50(a)(2)]?

Yes ☒ No ___ NA ___

4. Do operating records track the location, quantity of the wastes, and dates that the wastes enter and leave storage (264/265.73)?

Yes ☒ No ☐

5. Do operating records agree with container labeling [268.50(a)(2) and 264/265.73]?

Yes ☒ No ☐ NA ☐

6. Have tanks been emptied at least once per year since the applicable LDR regulations went into effect?

Yes ☒ No ☐ NA ☐ *Emptied approximately every 90 days. However RCRA closure of unit has not been completed and certified.*

If yes, do the operating records show that the volume of waste removed from tanks annually equals or is greater than the tank volume?

Yes ☒ No ☐

7. Are all tanks clearly marked with a description of the contents, the quantity of wastes received, and date(s) entering storage, or is such information recorded and maintained in the operating record [268.50(a)(2)]?

Yes ☒ No ☐ NA ☒

8. Have wastes been stored for more than 1 year since the applicable LDR regulations went into effect [268.50(c)]?

Yes ☐ No ☒ NA ☐

If yes, can the facility show that such accumulation is necessary to facilitate proper recovery, treatment, or disposal?

Yes ☐ No ☐ NA ☐

If yes, state how: _____

9. Has liquid hazardous waste containing PCBs at concentrations greater than or equal to 50 ppm being stored:

- a. In a facility meeting the TSCA criteria in 761.65(b)?

Yes ☐ No ☐ NA ☒

- b. More than one year [268.50(f)]?

Yes ☐ No ☐ NA ☒ 3

C. Treatment

1. Does the facility treat restricted wastes other than in surface impoundments?

Yes ☐ No ☒ (If no, go to D, Surface Impoundments.)

2. Describe the waste codes and treatment processes:

<u>Waste Code</u>	<u>Treatment Processes</u>
_____	_____
_____	_____
_____	_____

3. Was dilution used as a substitute for treatment [268.3]?

Yes ☐ No ☐ Comments _____

4. Does the facility, in accordance with an acceptable waste analysis plan, test the residue from all treatment processes [268.7(b)]?

Yes ☐ No ☐ Comments _____

Have treatment standards or prohibition levels been met?

Yes ☐ No ☐ Comments _____

5. Does the facility ship any waste or treatment residue to an off-site disposal facility?

Yes ☐ No ☐ NA ☐

If yes, does the treatment facility provide notification and certification to the disposal facility [268.7(b)(4) and (5)]??

Yes ☐ No ☐ (If yes, the Generator portion of the checklist must be completed.)

6. If the waste or treatment residue will be further managed at a different treatment or storage facility, has the facility complied with the generator notice and certification requirements [268.7(a)]?

Yes ☐ No ☐

7. Does the facility treat "soft hammer" wastes?

Yes ___ No ☒ (If no, go to 8.)

- a. If yes, is the waste treated in accordance with the generator's certification/demonstration [268.8(c)(1)]?

Yes ___ No ___

- b. Did the treatment facility certify that the "soft hammer" waste was treated in accordance with the generator's demonstration, [268.8(c)(1)]?

Yes ___ No ___

8. Does the facility ship any "soft hammer" waste to an off-site treatment, recovery, disposal or storage facility?

Yes ___ No ☒ NA ___

If yes, does the treatment facility send a copy of the generator's "soft hammer" demonstration and certification to the receiving treatment, recovery, disposal or storage facility along with its treatment certification [268.8(c)(2)]?

Yes ___ No ___ NA ___

Identify waste codes and off-site facilities:

Waste Code	Facility

9. Are notifications, demonstrations, certifications (if applicable), and results of waste analysis prepared by the generators, kept in the operating record until facility closure [264/265.73(b)]?

Yes ___ No ___

D. Surface Impoundments

1. Are prohibited wastes placed in surface impoundments for treatment?

Yes ___ No ☒ List _____ (If no, go to E, Land Disposal.)

2. Are evaporation or dilution the only recognizable treatment occurring in the surface impoundment?

Yes ___ No ___

3. Did the facility submit to the Agency, the waste analysis plan, as well as, the certification of compliance with minimum technology and ground-water monitoring requirements?

Yes ___ No ___

4. If the minimum technology requirements have not been met, has a waiver been granted for that unit?

Yes ___ No ___ NA ___

5. Have the Subpart F groundwater monitoring requirements been met?

Yes ___ No ___ NA ___

6. Are representative samples of the sludge and supernatant from the surface impoundment tested separately, acceptably, and in accordance with the sampling frequency and analysis specified in the waste analysis plan?

Yes ___ No ___

Attach test results.

7. Do the hazardous waste residues (sludges or liquids) exceed the treatment standards specified in 40 CFR 268, or where no treatment standards are established for a waste, the applicable prohibition levels?

Sludge Yes ___ No ___ Waste Code _____

Supernatant Yes ___ No ___ Waste Code _____

8. Provide the frequency of analyses conducted on treatment residues:

9. Does the operating record adequately document the results of waste analyses performed in accordance with 40 CFR 268?

Yes ____ No ____

10. Are sludge residues that exceed the treatment standards and/or prohibition levels removed adequately on an annual basis?

Yes ____ No ____ Comments _____

- a. Are adequate precautions taken to protect liners, and do records indicate that liner integrity is inspected?

Yes ____ No ____

- b. Are residues subsequently managed in another surface impoundment?

Yes ____ No ____

- c. Are residues treated prior to disposal?

Yes ____ No ____ Comments _____

If yes, are waste residues treated on-site or off-site?

On-site ____ Off-site ____

Identify waste code and treatment method:

<u>Waste Code</u>	<u>Treatment Method</u>
_____	_____
_____	_____
_____	_____

11. If supernatant is determined to exceed treatment standards, is annual throughput greater than impoundment volume?

Yes ____ No ____ Comments _____

E. Land Disposal

1. Are restricted and/or prohibited wastes placed in land disposal units such as landfills, surface impoundments, waste piles, land treatment units, salt domes/beds, mines/caves, concrete vaults, or bunkers?

Yes ___ No X

Note: Do not include surface impoundments addressed in D, Surface Impoundments.

If yes, specify which units and what wastes each unit has received:

2. Does the facility's operating record contain notices, certifications, and "soft hammer" demonstrations from generators/storers/treaters? These records must be maintained until facility closure.

Yes ___ No ___

3. Does the facility obtain waste analysis data or test the wastes (according to the waste analysis plan) to determine that the wastes comply with the applicable treatment standards [268.7(c)]?

Yes ___ No ___

If yes, at what frequency? _____

4. If prohibited wastes that exceed the treatment standards are placed in land disposal units (excluding wastes subject to national capacity variances) [268.30(a)], does the facility have an approved waiver based on no migration petition [268.6], an approved case-by-case capacity extension [268.5], or variance from treatment standards [268.44]?

Yes ___ No ___

5. Does the facility dispose of restricted wastes that are subject to a national capacity variance or the "soft hammer" provisions?

Yes ___ No ___ Comments _____

If yes, have the minimum technology requirements been met for all units receiving such wastes?

Yes ___ No ___

6. Does the facility have notices [268.7(a)(3)] and records for disposed wastes that are subject to national capacity variances, case-by-case extensions [268.5], no migration petitions [268.6], or a variance from treatment standards?

Yes ___ No ___ NA ___

7. If the facility has a case-by-case extension, is the facility making progress as described in progress reports?

Yes ___ No ___ NA ___

8. Are restricted wastes placed in underground injection wells?

Yes ___ No ___ List _____

LIST OF RESTRICTED WASTES

CODES: Asterisk (*) = U.S. EPA has established treatment standards or prohibition levels.
 No asterisk = Soft hammer wastes.
Underlined = Potential California List applicability.
Bold Print = Final third and newly listed wastes.
 NWW = Non-wastewater
 WW = Wastewater

Gen/Trans/Treat/Store/Disp	Gen/Trans/Treat/Store/Disp	Gen/Trans/Treat/Store/Disp
F001*	F011*	K037*
F002*	F012*	K038*
F003*	F019*	K039*
F004*	F024*	K040*
F005*	K001*	K041*
F020*	K004*	K042*
F021*	K005(NWW)*	K043*
F022*	K007(NWW)*	K044*
F023*	K008	K045*
F026*	K009*	K046*
F027*	K010*	(NWW - nonreactive)*
F028*	K011(NWW)*	(NWW - reactive)
Liquid Hazardous Wastes With:	(WW)	(WW)
As*	K013(NWW)*	K047*
(500 mg/l)	(WW)	K048*
Cd*	K014(NWW)*	K049*
(100 mg/l)	(WW)	K050*
Cr VI*	K015(WW)*	K051*
(500 mg/l)	K016*	K052*
Pb*	K017	K060(NWW)*
(500 mg/l)	K018*	(WW)
Hg*	K019*	K061*
(20 mg/l)	K020*	(NWW - low zinc)*
Ni*	K021(NWW)*	(NWW - high zinc)*
(134 mg/l)	(WW)	(WW)
Se*	K022(NWW)*	K062*
(100 mg/l)	(WW)	K069
Tl*	K023*	(NWW - nonCaSO ₄)*
(130 mg/l)	K024*	(NWW - CaSO ₄)
pH* ≤ 2.0	K025(NWW)*	(WW)
PCBs*	(WW)	K071*
≥ 50 ppm	K027*	K073
Hazardous Wastes with:	K028*	K083(WW)
HOCs*	K029(NWW)*	K084
≥ 1,000 mg/l	(WW)	K085
≥ 1,000 mg/kg	K030*	
F006(NWW)*	K031	
(WW)	K035	
F007*	K036*	
F008*		
F009*		
F010*		

Gen/Trans/Treat/Store/Disp
K086
(NW W -
Sol Wash)*
(W W -
Sol Wash)*
(NW W -
Sol Sludge)
(W W -
Sol Sludge)
(NW W -
Caustic/Water
(W W -
Caustic/Water)
K087*
K093*
K094*
K095 (NW W)*
(W W)
K096 (NW W)*
(W W)
K097
K098
K099*
K100 (NW W)*
K101
(NW W -
low As)*
(NW W -
high As)
(W W)*
K102
(NW W -
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Gen/Trans/Treat/Store/Disp
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U035	/ / / / /
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U087*	/ / / / /
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	Gen/Trans/Treat/Store/Disp
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